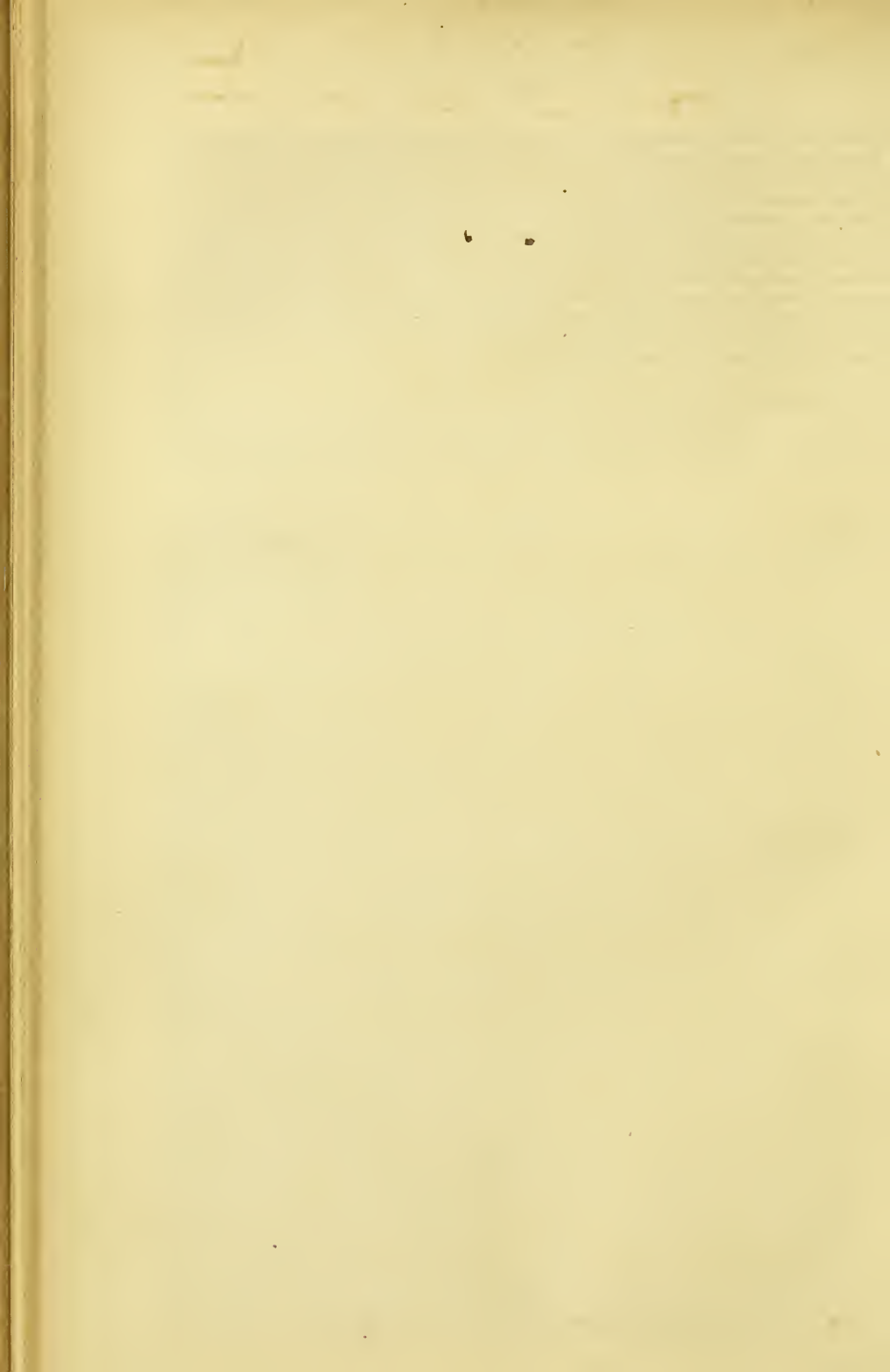


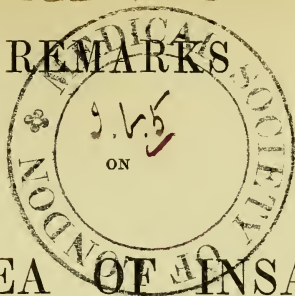
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REMARKS



THE PLEA OF INSANITY,

AND ON

THE MANAGEMENT

OF

CRIMINAL LUNATICS.

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REMARKS
ON
THE PLEA OF INSANITY,

&c. &c.

THAT some change is necessary in our present code of laws, as regards the plea of Insanity, and the treatment of what are called Criminal Lunatics, seems to be now universally admitted by all those whose attention has been directed to the subject; and as these form a large, important, and influential class, and as Lord Shaftesbury has declared his intention of bringing the matter before Parliament early in the ensuing session, there is good reason to hope that some remedy will be found for a system which certainly reflects no credit on our country, but inflicts a large amount of injustice without satisfying any portion of the community.

I am not about to advocate the cause of the really criminal; on the contrary, I believe that much mischief has resulted to society from the too frequent admission of the plea of insanity. I

totally repudiate the doctrine that an insane person is necessarily irresponsible. All who have had the opportunity of studying this malady know full well that, with comparatively few exceptions, insane persons are not only powerfully influenced, but materially controlled, by the same motives which influence and control those who are still mixing in the world, and who have never been suspected of any mental derangement. If patients are taught that certain acts are surely followed by certain unpleasant consequences to themselves, they do not indulge in those acts. If a patient knows that giving way to violent or mischievous conduct results in the deprivation of some indulgence, or separation from his companions, a motive is given him for controlling any such disposition or propensity, and as a rule this motive is sufficiently powerful to deter him. There are of course still many who, as far as human discrimination can determine, are quite unable to control these propensities or inclinations, even though their indulgence affords them no gratification ; but these are the exceptions, and, as regards the plea of insanity, they offer no difficulty, inasmuch as their malady is too well marked to admit of a doubt as to their real condition.

Every benevolent mind would shrink with horror from the thought of adding to the misery of that awful affliction which, in the providence of God, is visited upon our race, and punishing the wretched

sufferer, already oppressed beyond human endurance, for the consequences of a malady over which he has had no control, which, humanly speaking, he has done nothing to deserve, and which, it may be, is the result of that curse under which we all labour — of having the sins of the fathers visited upon the children. But whilst we are tenderly alive to the frailties of our common nature, and feel it to be a christian obligation to shield from man's vengeance one already withering under the chastening hand of God, we yet, as good citizens, have a solemn duty to perform towards society, and our responsibility is immensely increased when, as members of a learned and honourable profession, we are called upon to assist, with our experience, in deciding whether or not the evidence adduced in defence of a criminal is sufficiently clear to justify the administrators of the law in departing from that course which is essentially necessary for the safety of society, and the protection of the lives and property of individuals.

So much difference of opinion exists as to what properly entitles an offender to acquittal on the plea of insanity, and such vague notions prevail, even among the intelligent classes of society, as to the nature of insanity, that a few words may not be considered altogether out of place in attempting to throw some light on this most interesting but most mysterious subject.

It must not be supposed, then, that insanity is a

specific disease which, though varying in its forms and in the circumstances under which it occurs, can be included within certain definite limits with such precision that the point where sanity ends and insanity begins can be always clearly indicated; or that it consists in any uniform set of symptoms to which all cases may be referred, and with which standard all may be compared; that its different varieties follow any regular order, and can be recognised with the same facility with which we detect the various corporeal maladies which we are called upon to treat: so far from this being really the case, it is well known to all who have paid any attention to the subject, that many cases occur where, notwithstanding the nicest discrimination and the most patient investigation, nothing but a doubtful opinion of the case can be expressed; so doubtful, indeed, that it not very unfrequently happens that two equally competent observers arrive at directly opposite conclusions, the one seeing no sufficient evidence of mental disturbance, the other being fully satisfied of its existence. It might be that this difficulty arose from the fact of the malady being limited to such symptoms as the patient was able, under the influence of a sufficiently powerful motive, to conceal; for it might happen that beyond the existence of a delusion, possibly of a most dangerous nature, there was nothing remarkable, either in the conduct or conversation of the individual, to excite suspicion;

and if, as will sometimes occur, the existence of this delusion is denied by the person entertaining it, there would be no means of arriving at a satisfactory decision. Again, there would be great difficulty in determining the existence of mental disturbance when this was manifested only by a series of extravagant acts, of which, however, a plausible explanation might be given, the value of which explanation could be properly estimated only by repeated opportunities of observing the daily habits of the individual under various circumstances.

I am not prepared to adopt the opinion of an able writer on insanity, that nobody is of perfectly sound mind; because it seems to me that, as far as anything human can be perfect, we must consider that mind perfect which has a due appreciation of all the events of which it has to take cognizance, and, by the order and regularity which it observes in responding to the impressions conveyed to it, exhibits such manifestations as by common consent would be expected to occur under such circumstances. But I am disposed to think that this doctrine of the mind's general imperfection is capable of wider application than we are disposed generally to accord to it; for in truth, to be consistent, we must admit that a comparatively trifling departure from the generally admitted standard of reasonable conduct is evidence of that want of control which is the necessary consequence of mental disturbance, and that, in fact, the mind is to a

certain degree unsound when the individual ceases to exercise due control over his actions. Undoubtedly, any departure from that degree of control which nature intended should be exercised over our passions, propensities, and actions, is *pro tanto* evidence of a certain deficiency of mental power, or, perhaps, rather departure from mental sanity. It is not until an individual has ceased to exercise this control to a certain considerable extent that he is considered insane and incapable of managing his affairs, or of pursuing that course which his own interest and the welfare of his family imperatively demand. If, then, there are cases where nothing short of omniscience can determine their true nature, inasmuch as no human being can divine the thoughts of another, can appreciate the effect produced on another's brain by the impressions conveyed to it, or can tell in what a very different light the same facts are viewed by different individuals, and cannot, therefore, in the case of one who asserts that he labours under a particular delusion, positively deny that such is the case, however strong and apparently well-founded may be his suspicion of deception, — if, I say, there is something so uncertain in the investigation of these cases, and we are driven to admit that no well-defined line separates the sane from the insane, it behoves us to proceed with especial caution in an inquiry starting from such uncertain premises.

But we must go on to consider what amount of mental disturbance really constitutes insanity.

It must be borne in mind that the word Insanity is, properly speaking, a relative term, signifying only a certain departure from the accustomed condition or natural manifestation of the human mind ; it does not express any positive condition which would be immediately, and without difficulty or hesitation, understood ; for, as has been already observed, two equally competent observers will often come to opposite conclusions on the same case, and, indeed, what would be received as proof of good judgment in one, would be considered evidence of insanity in another. The difference in position, education, and means, would make all the difference in estimating the conduct of an individual with a view to determine the question of his sanity. What in one person may be perfectly reasonable and judicious, may in another be altogether most unreasonable and imprudent ; whilst in a third, the very same act would be unhesitatingly admitted as undeniable evidence of some mental disturbance. For instance, a man of rank and wealth might spend large sums in the purchase of costly ornaments or highly prized works of art, and nobody could question his discretion in the matter ; another, only just able to provide his family with the means of living respectably, would, in gratifying the same tastes, be considered imprudent ; whereas, a mechanic, who in the same manner spent far

more than in the full realization of his most sanguine expectations he could hope to realize by the closest and most successful application to his work, would be accounted insane. Again, an individual whose position gave him influence in society, might exert himself in his neighbourhood to gain converts to some particular political views, and might spend much time in attracting public attention to the subject which interested him, assemble meetings, and perhaps at length determine to offer himself as a candidate for a seat in parliament for the sake of more effectually accomplishing his object; all this might happen without anybody suspecting that there was any other than a reasonable cause for the steps he had taken: but, if the same course were followed by one whose income depended entirely upon some occupation which required his constant attention, his family might think he would be more prudent to leave such questions for those who were more at liberty to attend to them; but, supposing some imperfectly educated shopman to neglect his duty to his employer, and spend his time in concocting some scheme which should give him a seat in the legislature, he would very naturally be considered insane, and such a case does actually now and then occur. Last year a grocer's apprentice was a patient in Bethlem Hospital, whose insanity consisted in an extravagant estimate of his own powers and capabilities. He left his master's house, and

wandered about endeavouring to convince his acquaintances and associates that he was peculiarly fitted to represent some constituency in parliament, and, though scarcely able to speak his own language grammatically, attempted to get together a public meeting to explain his views and satisfy the people of his ability to perform properly the duties of the station to which he aspired. Almost all that he did up to the time of his admission into the hospital, and for many weeks afterwards, might have been done by a young man of education and fortune without its being attributed to mental derangement; but the difference of position made that insane in him which might have been reasonable in another. Although there was no positive delusion, properly so called, and although he was stated to be neither dangerous to himself nor others, it can scarcely be doubted that his family were perfectly justified in placing him under the control of an asylum; for it is impossible to say to what lengths his erroneous estimate of himself might have led him, had it not been checked in time. The sequel proved the propriety of the course which had been adopted, while it suggested the regret that earlier steps had not been taken to control his random freaks, and so have afforded a better chance of his restoration to reason; but the habit of the mind had become too firmly established, his ideas became more and more extravagant, positive delusions began to be entertained, and at

length, at the expiration of a year, he was discharged uncured.

It now and then happens that the principal inducement which friends have to confine patients not otherwise troublesome, is the disposition they evince to make purchases altogether inconsistent with their position, beyond their means, and with a recklessness which contrasts strongly with their accustomed habits of prudence and discretion; and though this propensity may be occasionally extravagant in the extreme, and induce the individual to give orders for costly articles which had never existed but in his own wild imagination, it may only amount to an imprudent estimate of his real requirements; and, though the act itself might not furnish sufficient evidence of insanity, the subsequent conduct might remove any doubts that had existed as to the true nature of the case. A patient who was in Bethlem Hospital last year, had occasioned very great anxiety to his friends by the reckless orders which he gave for goods altogether out of proportion to the wants of his business, and, though they saw that ruin must be the inevitable consequence of his persisting in so unreasonable a course, they had no power to prevent it, for he would give such a plausible reason for these imprudent transactions, that nobody could, without further and more conclusive evidence, certify to his insanity; but when, having possessed himself of these articles, he immediately proceeded to

dispose of them without any reference to their cost, and even gave them away without any equivalent whatever, it became obvious that he was neither able to conduct his business nor to take care of himself. While in the hospital this patient was flighty, restless, and mischievous, and protested against the injustice of confining him; but the simple removal from all sources of excitement and anxiety seemed all that was necessary to bring about his restoration, for in two months he left the hospital quite well, and fully admitted the propriety of his temporary seclusion.

Another question which presents itself is, what degree of exaggeration of a natural emotion may with propriety be considered as constituting insanity. An impression may be made through the medium of the external senses on the brain, and having produced its effect, may cease to operate, without leaving any indication of its ever having been made; but it may, by repetition, or by its original force, or by being made on a brain of peculiar susceptibility, make an impression which is more lasting, or it may be permanent. But, supposing an impression sufficiently strong to be made upon the mind calculated to excite particular manifestation of feeling and conduct, and the effect which might reasonably be expected is produced, while certain other ordinary manifestations are restrained, apparently in consequence of the temporarily increased action, this, within certain limits,

might happen, and we should scarcely be justified in saying that the mind was disturbed. An emotion of one kind enables us to disregard for a time an emotion of another kind; some unexpected pleasurable emotion, for example, overcomes for a time not only those of an opposite nature which have possessed the mind, but all the ordinary impressions, of whatever kind, and this is perfectly natural. In the same way, by some powerful odour or taste, the sense of smell or taste for less odorous or sapid particles may be for a time diminished; by gazing on a brilliant light, the eye becomes less able for a time to appreciate properly less powerful impressions; and very loud noise continued close to the ear will sometimes for a short interval prevent the perception of less distinct sound. If, however, these temporary impressions on the senses are prolonged to an undue degree, and the interference with their normal manifestations, which, while temporary, was quite consistent with health, is continued, these may be permanently damaged, or indeed in some cases altogether annihilated; and the same argument will, to some extent, apply to the mind. So long as the brain performs its accustomed office, receives the impressions conveyed to it from without, and originates such actions as might, in accordance with our previous experience, be expected to result from such impressions, we cannot consider it in fault, even to the extent of functional disturbance. A person

naturally sensitive, but hitherto of undoubted sanity, sustains a severe bereavement which deprives him of all he held dear on earth, and the natural grief occasioned by such an event continues to press so heavily on his crushed spirit, that he can no longer take interest in those pursuits which once delighted him : we cannot impute this very reasonable consequence to any mental disturbance ; on the contrary, it affords good evidence that the mind is in a healthy state, and, on receiving the external impression of grief, manifests, through the conduct and actions of the individual, such an appreciation of the true nature of that impression as we should expect from it if it had manifested pleasurable emotion on the receipt of impressions of a joyous nature. But natural and reasonable grief may be prolonged to an undue degree ; it may, in fact, become the habit of the mind, and then the difficulty presents itself of determining how far or how long this habit must continue to constitute disease, or, in other words, what degree and what continuance of grief really amounts to that form of insanity which is known as *melancholia*.

Again, a form of insanity fully recognised and described by the best writers on the subject, but generally repudiated by the lawyers, unquestionably exists, commonly known as Moral Insanity ; in which, without any delusion, there is a perversion of the natural conduct of the individual, with a loss of control over the actions, which nobody would

fail to recognise or hesitate to admit, if it were not urged, probably for the first time, as a reason why punishment for an offence should not be inflicted. To take a simple illustration of this form of insanity: a patient in Bethlem, who was for the most part quiet, orderly, and rational, had an irresistible propensity to tear her bed-clothes. She was fully aware that she was doing wrong, was always ashamed of it, and continually begged that I might not be told. When I attempted, as was frequently the case, to reason her out of such a mischievous propensity, and asked her why she persisted in it, she would endeavour to avoid the question; but, on being pressed for an answer, could only say, "I should not do it if I were not afflicted." We cannot but feel the truthfulness and simplicity of such a plea, nor can we doubt but that this unfortunate person was really irresponsible for her conduct, though fully capable of appreciating the difference between right and wrong, and therefore able to see the impropriety of her unreasonable acts.

The world, and especially those in it who are the subjects of certain habits which they cannot control, would be most unwilling to admit that these very habits were really evidence of a certain degree of mental infirmity. Can it be doubted that the mind of the habitual drunkard, of the licentious profligate, or the reckless gambler, is, to some extent, impaired? Can there be a question that the long-continued indulgence in such vicious

pursuits has ultimately weakened the power of control which the individual was once able to exert, and which might still have been sufficient to protect him from the consequences of unrestrained indulgence, if he had not systematically neglected its exercise? A great amount of moral and social good would result from placing some restriction on the liberty of such as in this way bring disgrace and ruin not only on themselves, but their families and connexions; but there will be an opportunity of returning to this subject, in considering the proper management of the various classes of insane delinquents. Again, some who are perfectly free from the vices just referred to, would be disposed to admit that, in the excess to which they are occasionally carried, they did indeed justify the suspicion that the mind of the individual had somewhat suffered, and that the systematic indulgence in such habits as must necessarily lead to ruin, disease, and death, could only be accounted for on the supposition of some deficiency in the proper controlling power, — in other words, of some positive mental disturbance.

But, to go a step further, and consider the case of some perfectly innocent peculiarity, which, although it only affects the individual, and in no way interferes with the welfare or comfort of another, is yet an admitted frailty, from the tyranny of which the object of it would gladly escape, but which, in spite of his utmost endeavours, he finds

it impossible to shake off. To take a very simple illustration, we may instance the habit, which is occasionally observed to continue through life, of persons destroying their finger-nails by constant nibbling, and thereby producing not only considerable personal inconvenience and pain ; but such an amount of disfigurement as would, if it were inflicted accidentally, be considered a great misfortune, particularly if the subject of it were young and fair, careful to improve, it may be, her great attractions, and yet unable to exert sufficient control over her actions to prevent these self-inflicted mutilations. It is not pretended that such persons are insane in the ordinary acceptation of the word ; but assuredly there must be something imperfect in their mental operations, however slight this may be, and however unworthy of consideration it may be esteemed ; there must be some degree of departure from the perfect standard of mental health to allow of such an irrational habit. I purposely adduce an instance, which, although it may be considered insignificant as an illustration, is yet one which will probably be familiar to most of my readers, though it may never have occurred to them to view it in this light. My object is, to show how difficult, I might say impossible, it is to define the limits of insanity, and how improper, therefore, to lay down any absolute rules by which to determine its existence in criminal cases. Every individual case must be decided on its own merits, independently of any general rules ;

for these must necessarily lead, if anything like consistency is attempted, to the punishment of some who ought to be acquitted, and the escape of others who ought to be punished.

Seeing, then, that it is absolutely impossible to establish any standard by which to judge of the different degrees of departure from mental health, inasmuch as the ever-varying circumstances of each individual exert such a material influence on his mental condition, and really make that insanity in one which is perfectly consistent with sanity in another; seeing, also, that there are as many different degrees of mental disturbance as there are peculiarities of constitution among individuals, and that this great principle, which should have guided all deliberations, and influenced every decision on the subject, has never been recognised, — we can scarcely wonder at the confusion that has existed, and the mistakes that have been made, in cases where the plea of insanity has been set up.

It cannot be denied that the attempt to prove the existence of insanity in the case of criminals who have incurred the penalty of death, has been too often made, and has too often succeeded. I do not hesitate to express my conviction, that many are now confined as criminal lunatics who have never been insane at all, and others who, if labouring under a certain amount of mental imperfection, were still perfectly able to exercise all the control which was necessary to prevent their committing

deliberate and heinous crimes. It becomes, therefore, a momentous question to consider how such an error has been committed, and how it may be avoided for the future. In the first place, I conceive that the humanity of the medical witnesses has induced them to be content with too little direct evidence of insanity; they have, in fact, allowed circumstantial evidence greater weight than it deserved, and now and then it has occurred that the accidental circumstance of some member of the family having been insane, has afforded the strongest evidence that was adduced of the insanity of the accused himself; and, with very little else to corroborate the opinion, excepting, perhaps, the enormity of the crime, he has been declared innocent on the ground of insanity, because between this and capital punishment there was no alternative: but if the offence had been something less grave, and the punishment anything short of death, such evidence would have been rejected as utterly insufficient. And yet why should the same individual be acquitted of murder on account of the presumed existence of such an amount of insanity as would not have saved him from the consequences of a minor offence? In the case of insanity we must suppose that in proportion to the aggravated nature of the crime must be the amount of mental disturbance, and that the same amount which might lead the individual into the commission of a trifling offence, would not be sufficient to impel

him to the highest crimes ; for, be it remembered, that in all — at any rate with very few exceptions, and those such as must be obvious to the most casual observer, — a great amount of mental sanity, of intelligence, and therefore of responsibility, remains ; and that therefore the acquittal on the ground of insanity should only be where there is some positive evidence that the offender committed the crime under the distinct influence of his malady. There are many degrees of mental imperfection which are not sufficient to purchase immunity for trifling offences, neither should they be admitted as a bar to punishment for those of a more aggravated nature. But in this argument I am supposing acquittal on the plea of insanity to be really an acquittal as far as punishment is concerned, and only involving that safe custody which the interests of society demand. This is something totally different from the present system, which commonly entails imprisonment for life amongst some of the most worthless of mankind, without any reference to the previous position in society of the unfortunate offender, or the degree of moral guilt which, under the circumstances, can be considered as properly attaching to his offence.

If I have appeared to reflect at all on the judgment of medical witnesses, it is not that I consider the fault to be theirs, but rather that of the system which commits such injustice that, according to the present state of the law, it can only be avoided by

adopting the opposite extreme. If, then, medical witnesses have gone too far in the direction of leniency, it is an error on the right side, for it is surely better that a dozen who are guilty should escape, than that one who is innocent should be punished. The lawyers have been as much at fault in the direction of severity; for, in their anxiety to vindicate the majesty of the law, they have lost sight of the fact, that where any amount of positive insanity is proved to exist there may be a great deal more which cannot be proved; and when it is borne in mind how great is the difficulty of rightly estimating the real amount of mental disturbance, we can scarcely wonder if the offender does not get all the benefit of those doubts which result from our inability to decide positively on his mental condition. It is unfortunate for the ends of justice that those more immediately concerned in determining the question of insanity in criminal cases have no common starting point, for the lawyers are not satisfied with evidence which is conclusive in the minds of the doctors. But further than this, medical witnesses have some fair ground of complaint, not only that their evidence is not received with the consideration to which it is entitled, but that they are sometimes forbidden to express the opinion which is the real object of their appearance in court. It is not contended that a physician is necessarily more competent to decide on the insanity of an individual than a lawyer, or any other

intelligent person who has paid the same attention to the subject; it is not for a moment supposed that others, and especially those who have devoted themselves to the severer study of the law, are not quite as capable, with the same experience, of arriving at a just conclusion; but it may be fairly argued, that one who has made the ever-varying forms of mental disturbance his constant study must be more competent to weigh the evidence for and against the reality of the alleged insanity than one who has never had such opportunities, and has been, therefore, without the means of learning practically in what insanity consists. I apprehend that the proper duty of the medical witness is to assist the court, with his experience and advice, to arrive at a just decision in the particular case; it is not to say what symptoms are most frequently observed in insane persons, or to deliver abstract opinions on the nature of insanity generally, but to deal with the individual case, to give the court reasons why he adopts the conclusion at which he has arrived,—to state, in fact, what are the particular circumstances which have led him to form his opinion of the case; in other words, to say why he thinks the accused sane or insane, as the case may be, and then leave the jury to determine whether the reasons are sufficiently satisfactory to induce them to adopt his opinion. If this course were adopted, it could not be said that the medical witness usurped the province of the jury; he did, in fact,

but assist in guiding them to a right decision, and, indeed, without this assistance, which could only be rendered by the medical witness, they would be left to form their own conclusions, with the great danger to the cause of humanity and justice of thinking more of the nature of the offence than of the probable irresponsibility of the accused. I would not be misunderstood as urging that the mere dictum of a physician, whatever his reputation or opportunities of forming an opinion, should be taken as conclusive evidence, unless he could give good grounds for the conclusion at which he had arrived; but surely he should be heard when he endeavours to explain these grounds, for it remains to the judge to point out to the jury the weak points of his evidence, the fallacies of his reasoning, and the unsoundness of his arguments.

It seems, then, to be an error in the practice of our criminal courts, to restrict the medical witness from a free discussion of the merits of the case. There is more danger to be apprehended from the want of experience on the part of those who have to determine the question, than from allowing the medical witness free scope in delivering his opinion, and the reasons for that opinion. How few of those in court during the trial of an alleged lunatic, whether on the bench, at the bar, or in the box, have ever had the opportunity of practically studying the various forms of mental disturbance, and have consequently any but the most general, frequently the most imperfect, notions on the

subject! A knowledge of insanity, such as is required to determine the question of its existence in criminal cases, cannot be acquired from books; it can only be obtained by patient and constant observation of numbers of insane persons under all varieties of circumstances, and this is what falls to the lot of few, excepting members of the medical profession. There is certainly no reason why this branch of study should be limited to one class of observers, but so it is; and whilst such a custom prevails, it is manifestly unwise to refuse to listen to advice from the only class really capable of affording it.

It is true that, with all the opportunities that the most fortunate and gifted inquirer may enjoy, insanity remains as one of the greatest mysteries we have to contemplate. But here, as in every other field of observation, there is always something to be gained by careful and thoughtful labour, and the study of insanity, therefore, may as properly enter into the course of education of the advocate as the physician; for if both were equally well informed on the subject, there would be little danger of committing those mistakes which, on the one hand, have spared the guilty, and, on the other, have sent to a violent death one who, it may be, has been impelled to the commission of a crime by a necessity which was the offspring of a mind diseased. It is not only that the lawyers differ with the doctors, and almost repudiate their assistance in determining a case of alleged insanity, but

they are scarcely consistent with themselves on these occasions, and not unfrequently adopt a practice and offer advice directly at variance with their own interpretation of the law. We see the same course which is condemned in one case, advocated in another, and the friends of one insane person blamed for not adopting proceedings which, when adopted in another, were strongly reprobated. The judges are not agreed amongst themselves what amount of insanity will justify the friends of a patient in depriving him of his liberty, and so avoiding the danger of his committing some crime in the absence of proper control. We can scarcely wonder at this confusion, when we find attempts made to lay down fixed rules by which to judge of a malady which varies with every variety of character, disposition, and circumstance.

It will be necessary to refer to some of the more remarkable, and some of the more recent trials, to show what is the present state of the law, and the practice of our criminal courts, in cases where the plea of insanity has been set up, or where the case has turned on the mental condition of an individual, and we cannot fail to be struck with the contradictory opinions entertained by different judges.

In the first place, we find one of the judges expressing himself thus, in addressing one of the Commissioners in Lunacy:—"It is my opinion that you ought to liberate every person who is not

dangerous to himself or to others. If the notion has got abroad that any person may be confined in a lunatic asylum or a mad-house who has any absurd or mad opinion upon any religious subject, and is safe and harmless upon every other topic, I altogether and entirely differ with such an opinion, and I desire to impress that opinion with as much force as I can in the hearing of one of the Commissioners." He further argued, that the fact of persons being perfectly consistent in respect of what were admitted to be delusions, and adhering to them, was evidence that such persons ought to be left to their own guidance, and that, consequently, however they might waste their means, ruin their prospects, and disgrace their family, their friends had no right to interfere with them; and he even characterised such interference, only resorted to by the nearest relatives of an insane person for the purpose of protecting her from the influence of an individual who she believed to be "the Tabernacle in which God's Spirit now dwelt upon earth," as an "unjustifiable outrage."

According to this doctrine, the relatives of an unfortunate victim of insanity have no legal right to employ those means which, experience teaches, are best calculated to restore his reason; they may not, without risking the consequences of a law-suit, place an insane person under the control of an asylum; it matters not whether he believes himself to be endowed with Divine attributes, or deprived

of his just claim to a throne, — whether he asserts his right to the titles of one, or the property of another, — whether he declares that all his actions are and ought to be and will be guided by the instructions he receives through the medium of supernatural communications with heaven, — whether, under the influence of his delusions, he is rapidly exhausting his resources, and reducing his family to penury and want; — so long only as his notions have no tendency to personal violence, he is to be accounted sufficiently sane to be left without control in his mad career.

But mark the result. The individual so long allowed to revel in the unrestrained indulgence of passions, propensities, and habits, unchecked by the controlling power of reason, and impelled by a force which had acquired strength by its continual exercise in the production of wild and reckless thoughts and actions, — hitherto, however, without any prejudice to the personal safety of himself or others, — suddenly and without motive directs an act of violence against an unoffending person who happens accidentally to cross his path; however unmeaning and purposeless it may be, still it is no more so than many in which he has systematically indulged for months, or even years before; but he has now rendered himself obnoxious to the laws of his country, which are most properly put in force to protect us from violence. He is arraigned before another judge, who speaks of him as “unfor-

tunate,"—gives his deliberate opinion in these words, "that the prisoner is an object of commiseration is quite clear, and that he should also have been taken better care of is equally true,"—and then proceeds to tell the jury that the question for them to decide is, "whether they are satisfied that, at the time, he was suffering from a disease of the mind, which rendered him incapable of judging whether the act he committed was a right or a wrong act for him to do."

Now, in comparing the opinions of these two legal authorities, it is obvious that they are contradictory the one to the other. In the first case it seems that the law holds that an insane person ought not to be placed under control so long as his actions have no tendency to personal violence; in the other case a reproof to the friends is implied in the opinion expressed that the accused ought to "have been taken better care of," for not employing that control which in the other case was so strongly condemned; and, though commiserating his misfortune and fully admitting his insanity, the judge proceeds to mete out the *same measure* of punishment and degradation to "an unfortunate gentleman" that he would to a professed ruffian, whose last act of savage daring was only the sequel to a life of lawless violence or shameless infamy. There is no question but that the judge correctly expounded the law of the case; but we may fairly doubt the justice of that law which punishes a

man for his misfortune, especially when it is the result of circumstances over which he has had no control.

Undoubtedly, as has been already admitted, the plea of insanity has very often been set up and very often admitted on the most unsatisfactory evidence; but if some lawless miscreants have in this way escaped their just punishment, we should, in our anxiety to guard against a repetition of such an abuse, be careful not to fall into an error at the opposite extreme, and attempt to make amends for the errors of the past by practising undue severity for the future. And yet we must suppose that some such feeling must have influenced the court in the conviction just referred to, which the reader has already doubtless recognised as the case of Lieut. Pates. If the offence had been any other than it was, we can hardly suppose that the jury would have found the prisoner guilty, when the existence of insanity was so fully proved and admitted; but in their laudable zeal to protect the person of our Most Gracious Sovereign, they unquestionably failed to give due weight to the evidence which went to show that the unfortunate accused was not at the time he committed the offence responsible for his acts, by reason of mental infirmity of some considerable duration. Surely we are bound to make some effort to guard against such glaring inconsistency and such manifest injustice as that involved in the treatment of Lieut.

Pates, in comparison with that of Oxford. Surely the moral guilt of these two offenders was in no measure comparable; in the one case, a premeditated outrage by a vain, thoughtless, and reckless aspirant after notoriety, in the other an unpremeditated, unmeaning, and purposeless act, committed under the momentary influence of an insane impulse, by an unfortunate gentleman, who, doubtless, at any other moment would have been foremost to denounce such a cowardly attack, and to have defended with his life the beloved Sovereign whom he had formerly served. Although a special law was made to meet the case of those worthless and cowardly miscreants who dared, in the pursuit of an infamous notoriety, to raise their hands against the person of their Queen, it never could have been intended by the legislature to apply to the recognised victim of insanity. It is the first natural impulse in the breast of every Englishman to protect his Queen; and it is no less his anxious wish than his bounden duty, to guard against the possible recurrence of any outrage which has been once committed, calculated to alarm by the suddenness of the shock, even if attended with no more serious consequences to her safety and well-being. Excepting when such an offence has been committed under the influence of mental disturbance, there is no punishment short of death which the law can inflict too severe for such a base, unmanly, and detestable crime; but when there

has been clear evidence of such an amount of mental infirmity as had impelled the individual to the performance of numerous equally unreasonable and purposeless acts, and no other motive could by possibility be attributed to the unfortunate delinquent, surely punishment is out of place, and partakes too much of the nature of revenge. The most that the State can have the right to enforce is safe custody, for the purpose of preventing the repetition of an act so unlike an Englishman's under any circumstances, and especially under such a rule as that which is now the proud boast of his favoured country, and the admiration of the whole civilized world.

The cases just referred to, show how contradictory are the opinions held by different judges, as to the propriety of controlling insane persons. We shall find that in applying the test established in accordance with their interpretation of the law, there is the same uncertainty and inconsistency.

In reply to the question proposed to the judges by the House of Lords, it was laid down, as the established law of the land, that an offender, even under the influence of insane delusion, was still punishable, according to the nature of the crime committed, if he knew, at the time of committing such crime, that he was acting contrary to law.

Everybody who has had the opportunity of studying insanity, not from books, but as it actually occurs in the hospitals and asylums devoted

to the management and cure of the insane, knows full well that the legal test of insanity in criminal cases, viz., the capability, on the part of the accused, to judge of the nature of his offence, or, in other words, his knowledge of right and wrong with respect to the act with which he is charged, is in reality useless. Comparatively few, even of the inhabitants of asylums, if we except those whose minds have become almost a perfect blank, but know the difference between right and wrong, and are quite able to appreciate the consequences of their acts. Indeed, it has not unfrequently occurred to myself, when urging on the insane the exercise of more control over their conduct, to be told, it may be, with blasphemous oaths and fearful imprecations, by those who, in their sane state, were scrupulously decorous in their conduct and conversation, that they were mad, and, therefore, not responsible for their actions ; tacitly admitting that they knew them to be wrong, but urging their insanity as a plea for immunity. But even these patients are capable of exercising a certain control over their mad freaks, and, when convinced that indulgence in them entails upon them certain irksome restrictions, they will not only desist, but apologize for the past. Others, again, will, from the first, express with great apparent sincerity, their regret for some act which they admit was very wrong, and which, when remonstrated with, they pledge themselves never to repeat ; but scarcely

has the admonition ceased to sound in their ears, when they have proceeded to commit the very same offence: and this will happen again and again, though, on each occasion, the promise to refrain has been given with greater and greater earnestness, and apparent resolution to keep it.

I have already referred to the case of a patient who systematically indulged in mischievous propensities, well knowing at the time that they were wrong, but was yet unable, as she herself expressed it, to prevent them, or to give any other reason than this: — “I should not do it if I were not afflicted.” Such cases might be multiplied almost without limit, to show that an insane impulse to crime does occasionally exist where there has been no other motive, where the individual has hitherto borne an exemplary character, and yet, with every effort to control what was known to be wrong, the will has not been sufficiently powerful to avert the threatened danger.

A patient was very recently brought to Bethlem, of whose case I gathered the following particulars. She was the wife of a very respectable tradesman, who accompanied her to the hospital, and whom she herself described as an excellent husband. She further said that she had a very happy home, was blessed with good children, and, for her position in life, prosperous circumstances. Her malady appeared to depend entirely upon physical causes, and her conversation was perfectly rational.

Some months ago, having then been depressed for two months previously, she was going from one room to another, with a knife in her hand, and the idea suddenly, and for the first time, occurred to her, that she must do herself some injury. She immediately threw the knife away, and, from that time forward, avoided, as much as possible, the use of knives. About three months subsequently to this, while at supper with her husband, she got up, and said she could not bear to sit there with the knives on the table, for the evil spirit was tempting her still. Her husband had no suspicion that she was meditating suicide, and it was only when he found her wearing a black handkerchief round her neck, which was not her usual practice, that he was made aware, by a slight wound on her throat, that she had attempted her own destruction four days previously. She then told him that she had tried to cut her throat, but could not; and she now said that she knew it was very wrong, and very wicked, but that she could not help it, and must do it. Now supposing that, instead of herself, it had been one of her children whose destruction she had meditated, and supposing that she had actually accomplished her purpose, and committed murder, could it be contended that she was "still punishable according to the nature of the crime committed, because she knew, at the time of committing such crime, that she was acting contrary to law?" Surely the most rigid interpreter

of the law would feel that this was not a case in which such a doctrine could be upheld, and such severity practised; and yet, to be consistent, the punishment of death ought to be inflicted, — notwithstanding that there was no motive, and that the existence of insanity was clearly established, — because the wretched victim of this dread malady knew the difference between right and wrong.

This test of the capability to distinguish between right and wrong has so signally failed in practice, that no attempt has been made to apply it in some of the most remarkable trials that have occurred since it was proposed by the judges. Tuchet, in shooting a person he had never seen, and against whom he could have no feeling of animosity, knew perfectly well the consequences of his act, and, in fact, committed it for the express purpose of incurring the penalty of death. He had already attempted his own life; but, failing in his object, adopted this mode of accomplishing his own destruction, and, to escape from an existence which was a burden to him, was content to perish by an ignominious death.

The decision resulting from the deliberations of the judges, as to the state of the law in regard to the plea of insanity, had not long been declared, when a case occurred in which an opportunity was afforded of applying the test of the knowledge of right and wrong. A man who had been left alone for a few minutes with his four children, killed

them all, and soon after perpetrating the deed, clapped his hands and said, "Glory be to God: my sins are now pardoned, and I am sure of heaven!" The judge, in summing up the evidence, told the jury that they would have to decide whether the prisoner was in a sound or in an unsound state of mind at the time he committed the offence. "It was not merely for them to consider whether he knew right from wrong, but whether he was, at the time he committed the offence, deranged or not." Now, although this might not be strictly in accordance with the letter of the law, it yet appeared to put the case, as it affected the prisoner, in a way to be more fairly judged of by the jury, than if they had been called upon only to decide the question whether or not the accused was in such a state of mind as enabled him to distinguish right from wrong. The facts of the case were these:—

Wm. Frost, a tanner, had hitherto borne an exemplary character, and was a preacher in the Wesleyan Society. Some years previously to the offence with which he was now charged, some ill-disposed persons contrived to make him intoxicated, and then reproached him; his name was removed from the list of Wesleyan preachers, and the circumstance preyed greatly on his mind, so that it was supposed he never quite got over it. Some few years after this he had a severe attack of brain fever, during which he was delirious; but from

that time until about three months before the murder, there was nothing whatever to attract attention in his behaviour, and he pursued his ordinary occupation as a tanner with great industry and sobriety. About this time, however, his wife began to observe a change in his conduct: he became silent and reserved, fond of being alone, and neglected his work. Feeling anxious about his state of health, she urged him to leave home for a short time, in the hope that a change among his friends might have the effect of diverting his thoughts and rousing him from his increasing lethargy. It was at last determined that this course should be adopted, and on the morning of the murder his wife went out for the purpose of obtaining from a neighbour the means necessary to defray the expenses of his journey, leaving three of the children sitting at breakfast with him, and the infant in the cradle. She was not absent more than ten minutes, and on her return missed the children; the cradle also was empty, whilst her husband sat motionless and silent by the fire-side. She could get no information from him, and her call to the children was not answered; she was overcome with fear, screamed, and ultimately became insensible. The neighbours hearing her cries, came in, and it was then discovered that all the children were dead: two were found up-stairs, having been killed by blows on the head; the two others were found in another room, the elder one

killed in the same way, and the infant drowned in a pan of water. Frost remained sitting silently by the fire, and it was with some difficulty that any answer could be obtained from him ; he, however, admitted that he had killed the children, and acknowledged that a hammer which was found behind some shoes, with marks of blood upon it, and the handle of which had been recently washed, was the instrument with which he had committed the murder : he afterwards admitted, before the coroner, that he had washed the handle of the hammer a little.

One of the medical witnesses (Mr. Firth) concluded his evidence with this very sound remark :—
 “I do not think it conclusive, that, from his knowledge of right and wrong, he was able to control his actions ;” and the judge (Mr. Justice Williams), as has been already observed, in charging the jury, said : “It was not merely for them to consider whether he (the prisoner) knew right from wrong, but whether he was, at the time he committed the offence, deranged or not.”

There was no doubt on the part of any one concerned on the trial that he was insane, nor could there be any reasonable doubt but that he knew right from wrong ; the fact of his washing the handle of the hammer to remove the stains of blood, and afterwards concealing it behind some shoes, was good evidence that he wished to remove, as far as possible, all clue to discovery ; but his

mind was too much oppressed to enable him to carry out his purpose, and he sank down in his seat to await the fate which he felt he could not escape from.

The judge doubtless felt that the law, as expounded by the whole body of judges, could not be properly applied in such a case as this; that the circumstance of a criminal being able to distinguish between right and wrong, was not sufficient evidence that he was in a condition to be held responsible for his actions. And there can be little question but that in the majority of cases in which persons have been acquitted of offences on the ground of insanity, they knew perfectly that they were committing acts forbidden by law; they knew, also, the difference between right and wrong, but they acted under the influence of impressions more powerful than those which are sufficient, under ordinary circumstances, to deter from the commission of great crimes. They probably, in some cases, persuaded themselves that although the acts they meditated were wrong generally, they were justifiable in those particular cases, or under those peculiar circumstances, which they believed at the time to exist: but in many others they were clearly satisfied that they were wrong, and that, being contrary to law, they entailed that punishment which the law awarded to such offences; but yet they could not restrain the insane impulse which, contrary to their wish and inclination, drove them

to commit crimes from which their nature recoiled with horror. If the mind is sufficiently disturbed to create impressions which have no other foundation than the disordered working of the brain, who can say how powerful may be those impressions, or to what extent the individual is able or powerless to direct his acts, in opposition to such a controlling power ?

Several cases of the most conclusive nature are quoted in Taylor's excellent work on Medical Jurisprudence, to show how frequently great crimes have been committed, which the offender has evidently known were illegal ; amongst others is that of Dadd, which is sufficiently interesting and to the point, to merit some passing notice.

Some few years ago, at my request that he would write out for me a little history of his case, he very good-naturedly furnished me with a long and rambling account of the ideas that had, from time to time, occurred to him, and that still occupied his mind. The part in which he explained his views in reference to his crime, was summed up in a few lines. The following are his own words : — " On my return from travel, I was roused to a consideration of subjects which I had previously never dreamed of, or thought about, connected with self ; and I had such ideas that, had I spoken of them openly, I must, if answered in the world's fashion, have been told I was unreasonable. I concealed, of course, these secret admonitions.

I knew not whence they came, although I could not question their propriety, nor could I separate myself from what appeared my fate. My religious opinions varied and do vary from the vulgar; I was inclined to fall in with the views of the ancients, and to regard the substitution of modern ideas thereon as not for the better. These and the like, coupled with the idea of a descent from the Egyptian god Osiris, induced me to put a period to the existence of him whom I had always regarded as a parent, but whom the secret admonishings I had, counselled me was the author of the ruin of my race. I inveigled him, by false pretences, into Cobham Park, and slew him with a knife, with which I stabbed him, after having vainly endeavoured to cut his throat. Now the author of this act is unknown to me, although, as being the cat's-paw, I am held responsible. I do not extenuate my act; but as men are reasonable, or *capable of reason*, I think I have said enough to prove that I have no other concern than with an act of volition, blindly, it is true, but, as I thought, rightly accorded."

So well acquainted was Dadd with the consequences that would follow such an act, that some time before committing it he procured a passport, and made arrangements for his immediate escape to France, and this he actually accomplished as soon as he had killed his father.

It is manifest that this individual knew perfectly well, at the time of committing the crime, that he

was acting contrary to law, and therefore, according to the interpretation of the judges, was punishable according to the nature of the crime, although it was committed under the influence of insane delusion; but it is equally clear that the court by which the prisoner was tried felt it impossible to apply the legal test; it was obvious that he was not morally responsible, and it was properly determined that he was not legally so, notwithstanding that this determination was arrived at in direct opposition to what was laid down as the established law.

We are, then, inevitably driven to adopt one of two alternatives, — either the interpretation is incorrect, or the law is bad; but, when it is remembered what amount of legal learning was brought to bear upon the question, we can have no hesitation in deciding that it is the law which is defective, and not the interpreters who are in error.

As a consequence of the defects already alluded to, we find, amongst those who are confined as criminal lunatics, two distinct classes, the one sane, the other insane. Now, there must surely be something wrong in a scheme which admits of such inconsistency. It surely reflects somewhat upon our system that we continue to commit an error which our continental neighbours uniformly avoid, and that we continue to shut up the sane with the insane as if we had no means of distinguishing between them. We find nothing of this sort in

the continental asylums. In France, there is not a single sane individual in the criminal department of Bicêtre, nor, as I am informed by Dr. Ferrus, the distinguished government inspector of asylums and prisons, in any of the lunatic asylums in the country ; indeed, the law of France does not permit of the continued detention of a criminal lunatic after his recovery, whatever his offence may have been. This certainly seems to be carrying the principle too far in the opposite direction ; and even Dr. Ferrus, whose experience on the subject is second to none throughout Europe, is disposed to press on the legislature of France some modification of the law in this respect. But, while we avoid the errors of our neighbours, there is much, besides their beautiful manufactures and works of art, which we should do well to observe and study attentively ; and it is to be hoped that the impetus which has recently been given to intercommunication between nations hitherto comparatively little known to each other, will enable us not only to learn from them much that is useful, but to compare our respective customs and laws, and to adopt so much of what is good as would be suitable to our national habits, and the altered circumstances of the case as they affect particular countries and classes of mankind. A comparison of our own civil and criminal code with that of other nations, will enable us to take more enlightened views of a subject which has

scarcely kept pace with the improvements in other branches of science and learning.

Unquestionably the great defect of our criminal code is this, that different degrees of guilt are not recognised, and the magnitude of the defect is peculiarly felt in those cases where the plea of insanity is urged as an excuse for crime. We either allow this to the fullest extent, and nominally acquit the accused, or we reject it altogether, and impose the full penalty. What is the result? Why, that the guilty not unfrequently escape, while the innocent are punished, and our lunatic asylums are made to attest the inconsistency of our laws, which not only convert them into prisons, but present the strange anomaly of sane, and—in the eye of the present law—innocent, individuals being mixed up indiscriminately with the insane and convicted felons. If we were to recognise as a principle the different degrees of insanity, and as our neighbours do the different degrees of moral guilt, the difficulty would be at once removed; we should not be left to the alternative of the full punishment, or the absolute acquittal; the medical evidence would be received with more consideration than it at present obtains, for it would not be limited strictly to the question of sanity or insanity, but to the degree which had been really manifested by the accused; a less amount of responsibility would devolve upon the medical witness than at

present, and the court could therefore afford to receive his evidence with less jealousy and caution.

According to our present system, where there is no middle course between the two extremes, the fate of the accused is really in the hands of the medical witness, instead of being in the hands of the jury, as it ought to be. But the judges have seen and have endeavoured to remedy the defect by restraining the medical witness from entering fully into his views of the matter, lest he should prejudice the case too much in the minds of the jury; the effect of this must be to leave the jury without that information which it is impossible for them to get from any other source. We can scarcely wonder that any single individual should shrink from the appalling responsibility of declaring an alleged lunatic sane, when he knew that such an opinion was a death-warrant to the accused; nor can we wonder that the judges should endeavour to impose this responsibility on the jury.

If our law allowed the jury to declare a verdict of "GUILTY, WITH EXTENUATING CIRCUMSTANCES," in the first or second degree, all those doubtful cases which now attest the imperfection of our system would be properly dealt with; a degree of punishment or restriction would be imposed in exact proportion to the degree of moral guilt modified by the mental condition of the accused, and there would then be no objection to hearing all that the

medical witness could say for the defence, whilst he would have less hesitation in declaring the criminal sane, if the circumstances of the case tended to that conclusion; he would be relieved of all responsibility as to the fate of the accused, if there yet remained with the jury the power of averting the extreme sentence by appending to their verdict of guilty the declaration that there were extenuating circumstances; and it would be immaterial, as far as his personal responsibility was concerned, whether the jury did or did not find reason for making such addition to their verdict, so long as it was competent for them to adopt his opinion, and yet save the criminal from the extreme penalty on the ground of extenuating circumstances. These very circumstances, which we so much disregard, are of the greatest possible importance in enabling us to arrive at a just decision on the acts of another, and here our continental neighbours have evinced their better knowledge of human nature by giving them their due weight, and so tempering justice with mercy in a much more philosophical spirit than we ourselves have done. If, instead of acquitting offenders on the plea of insanity, as the only way, according to the existing law, of avoiding the alternative of capital punishment, a verdict of guilty, with extenuating circumstances, were recorded, a discretion would be left in the hands of the court to award any punishment short of death which the nature of

the crime and the mental condition of the accused seemed to justify. In a case of palpable insanity, acquittal on that ground would send the offender to the "State Asylum;" but there he should be considered a patient, and not a prisoner, and in the event of his full and perfect recovery he should be liberated; taking care, of course, that he had undergone a sufficient period of strict probation. A general exception to this rule might be necessary in those cases where the patient's malady had led to the sacrifice of life; but it is a question for the Crown, aided by competent advice, to determine in what cases where murder has been committed, even under the distinct influence of insanity, the murderer should be again allowed to mix with the world after his apparent recovery.

I am strongly of opinion that, as a rule, and excepting cases of infanticide, those who have actually committed murder should be under some control for the remainder of their lives, even though no symptoms of insanity remained. My impression is, that when an insane person is impelled to the perpetration of such a crime as murder, such an amount of mental disturbance exists as is not often entirely recovered from; and although the more marked symptoms of insanity may subside, and there may even be considerable intervals of reason, yet that the individual will be occasionally liable to a return of his malady in all its former intensity, bringing with it the same impulses and propensities

which characterized the original attack; or if he remains free from any well-marked symptoms of insanity, there is, at least, a degree of irritability, which not unfrequently ripens into excitement under trifling provocation. In the case of females, as the cause may be, and often is, of a passing nature, and frequently depends upon some constitutional disturbance, the malady may be as severe, but it is not so lasting, and complete recovery after the perpetration of some serious crime is more frequent.

Of 33 males now confined in Bethlem who have actually committed murder, — not including those where an unsuccessful attempt was made to perpetrate the same crime, — three only are reported as sane; two of these I am satisfied were not insane at the time they committed the murders. As regards one of them, it is stated that his legal advisers set up the plea of insanity against his will, for he declared himself innocent of murder, though he admitted that he killed a man in self-defence, and therefore reckoned upon acquittal. The other, a convicted felon, does not hesitate to avow that he committed the murder — for which he was acquitted on the ground of insanity — on an individual who had never done him anything but kindness, simply for the purpose of bringing about some change in his position as a convict, he being weary of such a life, and reckless as to the consequences of this additional crime, even if it involved the punishment of death; he was prepared for anything,

indeed, rather than endure the transportation to which he was condemned. The third, no doubt, was insane; and, though no symptoms of insanity now manifest themselves, a degree of morbid irritability remains, which would probably be soon roused to a dangerous degree if he were again exposed to the trials and anxieties of life.

Of the 15 females in Bethlem who have actually committed murder, five are reported sane. Two of them, at least, ought never to have been acquitted on the ground of insanity; the utmost that could properly have been said for them was, that there were extenuating circumstances. One other only manifests such a degree of mental depression as might be expected to occur in a sane person, who was capable of feeling remorse for such an awful crime.

The danger, then, to society would not be so great as might, at first sight, be apprehended, if the principle were admitted of liberating those who had committed even grave crimes under the distinct influence of insanity; for it is seen how very few, under such circumstances, ever perfectly recover. But there may, now and then, be an instance of perfect recovery, and in that case, excepting where murder has actually been committed, there is no just reason for still treating the offender as insane; indeed, it would be as unjust to him to do so as it would be to condemn to perpetual imprisonment an individual who, in the same insane

state, had attempted the same crime, but had fortunately been prevented accomplishing his object by the vigilance of friends. As far as guilt is concerned, these two are quite equal, and the chances of a recurrence of their malady are also equal; the danger to society, therefore, must be the same; but in the one case imprisonment is continued after recovery, in the other the State takes no cognizance of the attempt, and the patient is liberated without hesitation when the symptoms of his malady have subsided. In considering the propriety of releasing those who have committed some crime under the influence of insanity, those only are included whose malady was distinct and positive at the time of committing the offence. In those cases where there is still, after the most careful investigation, a doubt as to the reality of the insanity, or as to its being in sufficient force to render the offender quite irresponsible, the verdict should never be that of acquittal on the ground of insanity, but of "guilty, with extenuating circumstances," in one or more degrees. In this way, if an error of judgment is committed, it may be rectified, although it is true that, if once any sentence short of death is passed, it would be impossible to inflict capital punishment, even if it could be clearly proved that the insanity had been altogether assumed; but if, after all, the individual should turn out to be really insane, and there should appear good reason to believe, notwith-

standing the determination of the jury, that, at the time of committing his crime, he was really irresponsible, justice might still be done by sending him to the State Asylum.

This brings us to consider what becomes of those who are acquitted of various offences on the plea of insanity. It has already been observed that we find, amongst what are called criminal lunatics, two distinct classes, viz., sane and insane; but these latter are again made up of two very different description of persons: for instance, a certain proportion are insane convicts, and the remainder are those who have never committed any crime until, as a consequence of their mental malady, they have lost that control over their actions, the exercise of which had hitherto enabled them to occupy the position of respectable and useful members of society.

The name criminal lunatic is sufficiently inappropriate to any class, for it conveys a contradiction in terms, inasmuch as the law holds that the lunatic is not criminal, and that he should always be acquitted of whatever crime he may commit as a lunatic; and this very term lunatic, used alone, is scarcely less unfortunate than when used in conjunction with the word criminal. So very few insane persons appear to be at all influenced by the changes of the moon, even admitting to the fullest extent all that can be urged on the subject, that the propriety of retaining an expression which has

come to be used so generally and with so little reason, seems, at least, very questionable, as it necessarily conveys a most erroneous impression of the nature of that malady, which, at any rate, in the great majority of cases, is perfectly independent of any lunar influence, as far, at least, as any available means which we at present possess enable us to determine. The very word lunatic is associated, in the minds of most persons, with the idea of a wretched being, utterly reft of reason, torn by contending passions, and mad with frantic violence; and, if it were only to attempt the removal of some of these popular errors which so generally prevail as to the nature of insanity, we should do well to expunge from our vocabulary a word so well calculated to mislead, particularly as it has nothing to recommend it, and we have those which much better express the idea we wish to convey.

But to return from this digression. The term criminal lunatic is manifestly inappropriate, to whatever class applied; and for it I would suggest the adoption of expressions, suited to the different classes which are now, as I think, very improperly included in one. Convicts who become insane while undergoing their sentence of imprisonment or transportation, would be properly distinguished by the description "Insane Convicts," and those who have committed some offence under the influence of insanity, and have been acquitted on that ground, might be conveniently known as "State

Patients." If both are to occupy the same establishment, — and there seems no very good reason why they should not, — this might be called the "State Asylum;" but the two classes should most undoubtedly be perfectly distinct. Both are entitled to the benefit of such treatment as is best calculated to restore their reason; and though both are, for the time, patients, it must not be forgotten that one class only are convicts. These latter, according to the existing system, have little to complain of, excepting the want of active employment, for they are at least as well cared for in an asylum as in a prison, and in many respects they are much better off, and have many more comforts and means of enjoyment. But what is sufficient for the "Insane Convicts," is cruelly inappropriate for the "State Patients" whatever their crimes may have been; the State is no doubt called upon to protect society from a repetition of the outrages they have committed, and most properly enforces the safe custody of the delinquents; but it has no right to inflict punishment. The justice of the case, therefore, is met by providing these individuals with a maintenance in the "State Asylum," and, in the case of those who have occupied a superior position in society, and whose friends are able to contribute to their support, allowing them such additional comforts as they would have had if their malady had not gone on to its present intensity, and led them to

the commission of crime. There seems no reason why patients of this class should not be allowed, within certain limits, to live in the "State Asylum" according to their means, on somewhat the same principle as those confined for offences, not criminal, in the Queen's Prison. There is something quite inconsistent with our notions of humanity and justice, in a system which compels an unfortunate gentleman to associate with the very outcasts of society; and yet, if an individual, whatever his rank and station in the world, whatever his high moral character and intellectual attainment, should unhappily become the victim of insanity, and, in a furious paroxysm of maniacal excitement, inflict some fatal injury on another, the law recognises no real distinction between him and a convicted felon, whose whole career has been one of depravity, vice, and infamy. It cannot be supposed that the supervision of insanity in the case of such a lawless outcast can have done anything towards purifying a being so fallen; and yet one might almost suppose this to be the case, when we find him placed, in all respects, on an equal footing with those whose only crime has been the result of an affliction over which they have had no control, but which, it may be, they have exerted their utmost energy to avert.

There seems to be no reason why a "State Asylum" should not be so arranged as to provide separate accommodation for the very different classes which are now all included under one head,

and, at the same time that this separation is effected, every provision may be made for affording occupation, and the best means of restoration, to the individuals of each class. The two primary divisions, then, of a "State Asylum," should be for the two great classes of "State Patients" and "Insane Convicts;" but the principle of classification must not end here.

It will be remembered that, in the outset, I disclaimed the doctrine of insane persons being necessarily irresponsible. There are those who, with a certain amount of mental infirmity, are yet able to control their actions, and guard against the commission of crime; and I conceive that it is a doctrine likely to lead to disastrous consequences, which holds that any amount of mental disturbance may be admitted as an excuse for any amount of crime. That some allowance should invariably be made in awarding punishment, where any amount of insanity has been shown to exist, cannot, I think, be reasonably doubted; but that it should be allowed as sufficient reason why no punishment at all should be inflicted, I am not at all prepared to admit. An offence committed by an individual who had manifested some trifling symptoms of insanity, should receive a verdict of "guilty, with extenuating circumstances," and then it would be in the discretion of the court to determine whether the justice of the case would be best met by sending the offender to a prison or an asylum, and, if the

latter, then the necessity of some further classification in the "State Asylum" becomes obvious.

A disposition to recognise this principle has recently been manifested in some remarks which were reported in the Morning Papers as having fallen from Mr. Serjeant Adams, the assistant judge, in passing sentence on a prisoner who was convicted of the crime with which he had been charged. "The learned judge expressed himself as being satisfied with the verdict of guilty, but, at the same time, was equally convinced that the prisoner was a person of weak intellect, though not to such an extent as to render him irresponsible for his actions. In his opinion, his friends ought to adopt some measures by which he should be taken care of after he should have been released from prison, so as to prevent him from being again guilty of this offence. The crime which the prisoner had committed was of the most serious character; but, under the peculiar circumstances of the case, the sentence which otherwise would have fallen upon him would be somewhat mitigated." It is to be hoped that this principle of regulating the amount of punishment according to the degree of moral guilt and moral responsibility of the offender, will be, ere long, generally adopted.

Though the great majority of those now included in the one designation "Criminal Lunatics," may be arranged in the two divisions already proposed, there are some who scarcely, in strictness, belong

to either of these classes, and who yet must be kept in the "State Asylum." There must, then, in each of these divisions, be different departments, especially if the principle should ever be admitted of placing under the care of the State those whose mental infirmity takes the turn of habitual drunkenness, or other systematically unreasonable or vicious conduct, whereby the welfare, not only of the individuals themselves, but of their whole families, is endangered. The habit which, unhappily, so many acquire, of indulging in intoxicating liquors, cannot be considered disease when confined within moderate bounds; but the continued indulgence in such a habit increases its force, and what was at first perfectly within the control of the individual becomes, as it were, an almost resistless necessity; the will has no longer the power of controlling the actions of such a person, and though degradation and ruin for himself and family must obviously ensue if the habit is persisted in, and although he himself, perfectly aware that this result is inevitable, will resolve with all the energy of which he is capable to resist the temptation, he is powerless to avert the impending danger, but, with his eyes open, rushes upon his fate, and, by his own deliberate act, brings upon himself all the fearful consequences which he has struggled in vain to avoid. Still the deliberate ruin of his family is not considered sufficient evidence that his mind is unsound; yet there is

obviously such a loss of the power of control over his actions, as constitutes a certain departure from mental sanity, and this morbid condition is so real as to be not unfrequently transmitted from father to son, and actually becomes an hereditary disease.

Instances are sufficiently familiar, and several have occurred within my own personal knowledge, where the father having died, perhaps at an early age, from the effects of intemperance, has left a son to be brought up by those who have severely suffered from his excesses, and have, therefore, the strongest motive to prevent, if possible, a repetition of such misery ; every pains have been taken to enforce sobriety, and yet, notwithstanding all precautions, the habits of the father have become the habits of a son who had never seen him from infancy, and could not, therefore, have adopted them by imitation, whilst everything that anxiety could suggest has been uniformly done to encourage habits of temperance, but all to no purpose ; the seeds of the disease have begun to germinate ; a blind impulse has led the doomed individual, by successive and rapid stages, along the same course which was fatal to his father, and which, ere long, terminates in his own destruction. And this does not occur only among the lower orders, where it may be supposed that education has done little towards the cultivation of the mind and the government of the passions and propensities, — it is observed in those whose education and position in

society appeared to afford the best guarantee that their conduct would be under the guidance of reason.

Surely, then, we cannot hesitate to consider that state insanity, or, if this appears too strong a term, unsoundness of mind, in which the individual is avowedly unable to exercise that control over his conduct, which his own interests, and, indeed, the very continuance of his existence, require. A man cannot be said to be of perfectly sound mind, if he is unable to control an impulse to some voluntary act, which impulse is, perhaps, hereditary, but which, if obeyed, leads inevitably to his ruin and destruction. If, as a consequence of habitual drunkenness, he is subject to paroxysms of excitement, becomes mischievous, destroys his property, breaks his furniture, and perhaps threatens violence to his family, there is no longer a doubt of his insanity, and his medical attendant does not hesitate to grant a certificate to that effect: but these are only some of the symptoms of his malady; the tendency to commit the excesses which produce these symptoms is the real disease. The cessation, therefore, of mischievous and violent conduct is no proof that the patient is cured; we must remove the propensity to intemperance before we can pronounce him perfectly sane. But from the same cause a scarcely less serious degree of insanity may be produced, although the symptoms assume a less violent form; if the patient,

instead of a destructive propensity, suffers only such a perversion of his moral nature as leads him to excesses of the most degrading and revolting kind, involving reckless expenditure and waste, with all the misery and disgrace which follow in their train, his friends have no power to save him from himself, because this condition is not recognised as disease; but assuredly it is disease, and, although not attended with violence, it can scarcely be said that it is not fraught with danger to himself and others.

Any infringement on the liberty of the subject is naturally regarded with so much jealousy that a proposition having for its object the detention in an asylum of a person not actually insane in the ordinary acceptance of the word, will doubtless meet with decided opposition; but if the real nature of insanity were better understood, if its various degrees were generally recognised, and the altered conduct or irrational habits which afford evidence of its existence in a mitigated form were duly appreciated, there would be much less difficulty in dealing with those cases over which the present law gives the friends no authority to exercise control. Everybody who has seen much of insanity, knows the hopeless wretchedness which many families are made to endure, on account of the habitual drunkenness, and consequent irrational conduct, of some one member. It is true that these persons are frequently found in the asylums and

hospitals for the insane ; but it is only those who have committed some outrageous act, which has satisfied the medical attendant that he was justified in granting the required certificate ; and even in these cases little can be done towards effecting a permanent cure, because at present the friends have no power to continue the detention of the patient very long after the violent symptoms which led to his confinement have subsided. But, as already observed, the cessation of violent conduct is no proof whatever that the real disease is cured ; if the propensity to drunkenness is to be cured at all, it can only be by long continued and strictly enforced habits of temperance ; and this regimen can only be carried out where the individual is placed in such circumstances that it is impossible for him to obtain the means of indulgence.

I conceive, then, that the proper course to be adopted, is to give—perhaps to the Commissioners in Lunacy—the power, on the application of the friends of an habitual drunkard, to order his confinement in an asylum for a certain period not less than a year, and if, on his liberation at the expiration of the period, he should return to his old habits of intemperance, a further order should be given for a still longer period of probation and enforced temperance ; but if after this the real disease remains, that is to say, if there is the same inability to control the unfortunate propensity, the individual should then become the care of the

State, and be retained in the "State Asylum," in a position as nearly as possible resembling that in which he has been accustomed, and can still afford, to live. Of course this power should only be exercised where the condition of the patient threatened either the personal safety of his family or the ruin of their prospects; but such cases are unhappily by no means rare, and the amount of domestic misery they occasion can scarcely be estimated.

There is a practical inconvenience to which I have not as yet referred,—because it is not felt in Bethlem, where the criminal department is perfectly distinct from the main body of the hospital, and the patients are therefore entirely separate,—which is severely felt in the County Asylums, where there is no separate provision for criminals, who are consequently mixed indiscriminately with all the other patients, and not only suffer themselves from the annoyance occasioned to them by being continually exposed to the reproaches of their companions, many of whom take delight in taunting them with their crimes, but, on the other hand, increase the difficulty in the management of the asylum, by the greater restrictions necessarily imposed upon them for the purpose of safe custody being unavoidably shared by all the other patients with whom they are associated. The previous character and habits of many of those called criminal lunatics, also afford a very strong argument against the practice of exposing to their

contaminating influence those who have hitherto been strangers to vice and immorality. These and other objections have already been forcibly stated by several of the medical officers of the different County Asylums, I need not therefore dwell upon them here, but will content myself with adding my testimony to that already given to the magnitude of the evil, and the necessity of some revision of the law.

The length of these remarks has already been extended beyond what was originally contemplated, and while I hasten to conclude, lest the reader should be weary of the subject, I cannot forbear to say a very few words on the question of the propriety of capital punishment, which is really a principal cause of the difficulties that beset the plea of insanity. Whilst such unholy vengeance continues to be sanctioned by the laws of our country, we must occasionally incur the risk of inflicting death on a wretched victim, who, but for our ignorance in failing to recognise the characteristic symptoms of his malady, we should declare to be morally and legally innocent, and a more fitting object of our sympathy and pity than of our abhorrence and vengeance.

The authority supposed to be given by Scripture seems to me scarcely so absolute as its advocates suppose. We do not find that the law given by Moses — if indeed we can consider the passage “Whoso sheddeth man’s blood by man shall his blood be shed” in the light of a law — was uni-

versally observed; and, considering how scrupulous were the Jews in enforcing with extraordinary exactitude all that they considered law, we may reasonably infer that even in those days the command was looked upon rather as permissive than obligatory. But in the earlier ages of the world we do not find that even murder was punished with death; the first crime of this nature which is recorded in the sacred volume, although it brought down a curse on the criminal, did not entail the punishment of death. It did not consist with the intentions of Providence that another of those few then existing on the face of the earth should be swept from its surface, but a punishment consistent with the then state of the world was passed on the wretched criminal; so, when the conduct of the disobedient Jews called for sterner justice, it was permitted as a protection to some, and a warning to others, that the life of the murderer should be forfeited. But we are as much entitled to refer to the sentence passed by the Almighty himself, as to that which was delivered through the medium of Israel's Lawgiver; we have a right to argue, that what was permitted at a remote period of the world's history, when the state of society required such severity, was never intended to be binding on all succeeding ages; what was thought necessary in the case of the Jews was not necessary in the time of our first parents. And if such a difference was made in dealing with the same crime at the two

separate epochs to which we have referred, we cannot hesitate to recognise the same principle of justice now in framing laws consistent with the present condition of the great human family. The extent to which the authority of Scripture may be brought properly to bear on the subject, is just so far as it permits a custom which the welfare of society at the time demands; without this authority we should have nothing to justify the cruel sacrifice of human life which we still tolerate, except the savage practice of barbarous ages continued through all states of society up to the present period of civilisation and enlightenment.

It is not disputed, then, that the State has authority to take the life of the murderer if the welfare of society requires it, and if no other punishment short of this can be devised which would equally deter from the dreadful crime of murder; but it should be well assured that this is the case, and it should be well considered whether the effect of a public execution does not tend to familiarise the spectators at such horrible exhibitions with scenes of violence and vengeance, whilst it helps to remove all feeling of the sanctity of human life when it is seen to be so heedlessly and legally destroyed.

The oft-repeated argument of the danger of sacrificing the innocent is, perhaps, more powerful than any that have been urged against the

infliction of capital punishment; and it must not be forgotten that there are two classes of accused, who may both turn out to be legally and morally innocent: first, those who have not committed the offence at all, and next, those who have committed it under the influence of their mental malady. If, in the eye of the law, these two are equally held to be innocent, we are bound, in justice to the insane, to take care that they are not punished for their misfortune, but that they have the full benefit of that allowance which the law makes for their mental condition.

Briefly, in conclusion, to recapitulate the chief points of these remarks. It has been attempted to show that no well-defined line separates the sane from the insane; that the different circumstances of individuals make that ⁱⁿsanity in one which is not insanity in another; that this sometimes consists of a simple exaggeration of what, in a minor degree, is perfectly natural, and that, therefore, a trifling amount of mental disturbance should not entirely exonerate an offender from the penal consequences of his crime, although, considering its mysterious nature, and the possibility of its being more intense than it appears, it should in all cases where it can be distinctly proved to exist, even in the most mitigated form, be admitted as a reason for not inflicting capital punishment. The verdict of "guilty, with extenuating circumstances," in one or

more degrees, — which extenuating circumstances would include any amount, however trifling, of mental infirmity, — leaves a power to the court of sending the offender to a prison, or to one or other department of the State Asylum, according to the amount of moral guilt and moral responsibility which appeared to belong to him.

Criminal lunatics, improperly so called, ought to be divided into distinct classes, for instance, Insane Convicts and State Patients, there being an intermediate class composed of those who have committed offences while labouring under so trifling an amount of mental disturbance, as not to entitle them to be considered irresponsible, and yet offences not sufficiently grave to merit confinement in a prison. All classes of what are called criminal lunatics have a right to the best means of treatment, and the adoption of such arrangements as afford them the best prospect of restoration to reason ; but, in rendering them this act of justice, there is no necessity to huddle together all the very different classes without any regard to their previous position in society, the nature of their offence, the degree of moral guilt properly attaching to them, or the amount of mental disturbance under which they labour.

The law, as interpreted by the judges, viz., that an offender, even under the influence of insane delusion, was still punishable according to the

nature of the crime committed, if he knew at the time of committing such crime, that he was acting contrary to law, has been shown to be totally inapplicable, and, as a rule, has not been acted upon; for it has been obvious, in many cases, that the accused was morally irresponsible, by reason of mental infirmity, though still sufficiently rational to know that he was acting contrary to law. And the same observation will apply to the great majority of insane persons, who are continually impelled to the commission of various unreasonable, mischievous, and violent acts, although perfectly conscious that they are doing wrong.

The principle, then, of recognising and recording in the verdict of the jury, the extenuating circumstances which so much influence the degree of moral guilt of the accused, and which ought, therefore, to influence the amount of restriction or punishment awarded, and the arrangement in the State Asylum for the different classes now indiscriminately associated together, would do much towards remedying the defects of our present system, and perhaps restore to reason and happiness many, whose first and only offence has resulted from accumulated sorrows, which have caused their cup of bitterness to overflow, and subverted for a time that most noble attribute of our common nature, by which Providence has been pleased to distinguish us from all created things.

As already said, my object has not been to advocate the cause of the really criminal: but there are those among what we call criminal lunatics, deserving of our warmest sympathy; and if these should meet with that consideration, not to say justice, which has never yet been accorded to them, my object will be accomplished, and it will, indeed, be a source of lasting satisfaction to me, to have promoted, in however trifling a degree, this much-desired end.

THE END.

*the Library of the Medical Council
of London, from the Author.*

THE LUNACY QUESTION, 10



THE LUNATIC

BENEFITED AND PROTECTED:

WITH

AN INQUIRY

INTO

PUBLIC AND PRIVATE ASYLUMS.

BY

JOSEPH WILLIAMS, M.D.,

&c. &c. &c.

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PREFACE.

THE first twenty pages of this Pamphlet, devoted to the analysis of the opinions of those representing the interests of Lunatic Asylum Proprietors, will afford considerable information as to some of the causes of the fearful increase of insanity in this country, and a careful perusal is strongly recommended. The inexpediency and wickedness of associating together numerous cases, such as now unhappily crowd many Lunatic Asylums, have been fully dilated upon in the next thirteen pages; the matter consisting of those extracts, taken from my work on Insanity, which have excited so much hostility from the organ of interested Lunatic Asylum Proprietors. The necessity of the Commissioners in Lunacy having entry *wherever* there are lunatics, is at page 33 proved to be necessary by a reference to the atrocities which have occurred at Bethlem Hospital, the difficulty being always great in investigating and tracing out those evils which may occur in public and private Asylums. The *temptation* to receive improper cases, or to keep in confinement those not only convalescent, but absolutely

cured, has been exposed, and the remedy suggested; it being highly inexpedient to allow lunatics to be made the subject of *profit*.

In the Appendix will be found some suggestions as to a change in the whole system for the direction and management of lunatics, it being considered essential that no individual should have a direct interest in either fostering or perpetuating insanity.

The authenticated details of much cruelty and of interested dishonesty, (perhaps some might even call it of complicated villainy,) having been already received from private individuals, and from members of the medical profession, and as correct opinions can only be arrived at by the due investigation of facts, the author hopes that those philanthropic persons who are themselves cognizant of any trying cases of oppression or of unjust detention, will favour him with full particulars. Should it subsequently be considered desirable to refer to such cases, the names of individuals will be invariably suppressed.

8, Tavistock Square, 28th October, 1852.

THE LUNATIC, BENEFITED AND PROTECTED.

FOR many years I have been convinced that the whole system regulating the interests of lunatics should be changed, and that the Government should assume a more direct control over the medical and general officers, both of public and private institutions.

The reasons upon which I had formed such an opinion were freely, fully, faithfully offered, more particularly to the notice of my professional brethren, and it is a source of satisfaction to me to know, that not only were my "observations and reflections" read with great interest, but to have been also assured, that they had a beneficial effect by inducing others to prosecute inquiries into a subject of such great importance; and I may also add, that many distinguished physicians and surgeons in this metropolis and throughout the country, unconnected with public or private asylums for the insane, agree with me in believing that an alteration should take place in the social, moral, and medical management of the lunatic; yet no one chooses to sound "the advance." Hence it was, in following up the object which I commenced five years since in the *Medical Times*, that I recently ventured to introduce the subject into a new edition of a work strictly professional, and I will now endeavour to show the animus exhibited by the reviewers of three of the medical periodicals—the *Journal of Mental Pathology*,* the editor the keeper of a private asylum! the *Medical Times and Gazette*, the editor the resident medical

* Called also the *Psychological Journal*.

officer of a private lunatic asylum! and the *British and Foreign Quarterly*, the editor the confidant of both; in short, constituting a tripartite, tricorporate, and triquetric cabal, yet instigated by the same instinctive impulse, combined and yet disjointed, concealed and yet exposed, proceeding 'onwards' by different routes, yet meeting in one "via mala."

Terra malos homines nunc educat, atque pusillos.

These three publications, in plain words, emanate from the same source, are published under the same roof, and two of them, if not the third, draw their nourishment from the same spring!

It is well known that about seven years ago, I published an essay "On the Use of Narcotics and other Remedial Agents calculated to produce Sleep in the treatment of Insanity;" the subject was difficult, the therapeutic treatment of the insane was even ridiculed by many who had the charge of lunatics, and some of our most distinguished physicians not only denied the utility, but attempted to prove the evil of exhibiting narcotics to the insane, even to procure sleep. It was under such circumstances I resolved to collect together all the opinions that had been formed upon this subject; I searched the whole of psychiatric literature, and this, together with former experience, enabled me to offer to the profession, the Lord Chancellor's Prize Essay.

That little volume was well received by the whole medical press,—in fact it was highly eulogized and strongly recommended to their professional readers. Having had my attention so directly drawn to the therapeutic treatment of insanity, it was not unnatural but that I should inquire into the moral management of the insane, and I was so shocked at disclosures which had been occasionally and sometimes accidentally revealed, I was so horrified at the iniquity, the vice, the oppression, the dishonesty proved to exist in lunatic asylums; I was so disgusted at the revolting and Augean filth in which lunatics were but too often compelled to languish, that I resolved on publishing a series of papers to force upon the attention of my professional brethren, and of philanthropic and scientific men in general, the necessity of the Government undertaking the entire management and direction of all lunatic asylums. This is my *crime*, and for this *crime* it was decided by a faction, on the publication of a second edition of my former essay, that I must be put down at any cost. An attempt had

been previously made to soften down my asperities, and to unite me under the banner of some of those who are now attempting to crush me, but I naturally felt unwilling to sacrifice either principle or conviction. On the publication of the second edition several favourable reviews appeared,* and amongst others, *The Lancet* strongly and faithfully pointed out the practical value and utility of the work.

No author can be so absurd as to suppose that every person will agree with him in all his views, whether social, moral, political, or professional; opinions must ever differ, but still misrepresentation, mis-statement, misquoting, deceit, should never be even tacitly encouraged.

The Journal of Mental Pathology had the dishonour to lead the opposition van, and commences the campaign thus:—"A stern sense of critical justice compels us to withhold from Dr. Williams' volume the stamp of our approbation." The reviewer then states that he has "no right to complain" of the President and Fellows of King and Queen's College of Physicians having awarded me the premium placed at their disposal by the present highly distinguished Lord Chancellor, when presiding over the Irish Court of Chancery! but he does complain that I have re-written the prize essay, and published it under a totally different title; he says, "Sir Edward Sugden's prize was far [*sic*] the best essay on a specific form of treating insanity by means of narcotics," Dr. Williams' present volume is entitled, 'Insanity; its Causes, Prevention, and Cure, including Apoplexy, Epilepsy, and Congestion of the Brain!'" This he considers quite a misnomer, and that "much mischief to the cause of legitimate literature will inevitably ensue." He objects to it "on principle," and directs attention to that fact.

My reviewer, had he been writing upon the point, would most probably have confined himself to the limits in which he would wish to restrict me; he appears to think that my subject was circumscribed; but hear what *The Medical Gazette*, one of the most scientific journals of the day, said: "The author has brought under consideration *the whole of the leading plans of treatment* which are at present adopted in the management of the insane: and although his remarks are given with much brevity and terseness, they evince very careful research, and sound practical knowledge. His observations upon the effects of the various kinds of narcotics, and his estimate of their comparative value, are

* See end of this Pamphlet.

but he either carelessly or wilfully

remarkably good, and may be consulted with advantage as well by the practitioner as the student. We strongly recommend a perusal of this interesting and able Essay; its publication will add to the author's reputation as a diligent and acute observer."

And what says another reviewer,—“It may be considered as a contribution *to the treatment of insanity in general*, with great prominence given to the important object of inducing sleep. The question is handled by Dr. Williams with considerable ability, and his Essay exhibits a large amount of the results both of reading and experience.”

These extracts show that the “Prize Essay” was not confined to the use of narcotics or of hypnotics. The fact is, that I brought general professional experience to bear upon a subject usually treated as a specialty, and when I undertook to write that Essay, I believe there was only one previous author who had advocated the systematic treatment of insanity by narcotics and sedatives. Dr. Seymour was in advance of his day, and his opinions, now proved to be matters of fact, were *not* generally received; and when my little volume appeared, I had the satisfaction of hearing “that the sedative treatment of insanity was all hum,” and “it was a regular take in.” However, I was not prevented by such criticism from investigating for myself, and found the views entertained by Dr. Seymour were correct; and having collected together many isolated facts, and collated the opinions of numerous individuals, although widely spread, upon the value of particular narcotics and sedatives, I was enabled, not only to *prove* the value of the use of narcotics and other remedial agents in producing sleep in the treatment of insanity, but also to *defend* the theory of preventing and curing insanity by the sedative treatment. I felt that “a system built upon the discoveries of a great many minds, is always of more strength than what is produced by the mere workings of any one mind.”

Now, I ask any candid man in the profession, what value was attached to the general use of narcotics in the treatment of insanity even eight years since? Nay, I do more, I ask what is the present opinion of numbers of “the heads” of our profession? I have no hesitation in saying, that, as a rule, the value of the sedative treatment of insanity was not only rejected, but actually denied; and it is now a source of the greatest satisfaction to me, from time to time, to notice the reports of the value of the sedative treatment, from India, from France, from Belgium, and that even one

of my personal detractors has at length publicly given in his adhesion to the system. Had I been the physician to a large Lunatic Hospital, or the proprietor of a "first-rate private Asylum," there would have been nothing inconsistent in allowing me to produce "a second edition," but "for a man in private practice, *and without even an asylum*, to attempt to teach us, is intolerable." Is an author not to be permitted to add to remarks previously given with "brevity and terseness?" Is he not to be allowed to strengthen his previous views, and to offer to his profession the details of valuable cases? Was *Hooper's Medical Dictionary* always its present size? Is not almost every book increased in its second, and third, and even fourth editions? *Is it right to keep back practical information from the profession?* This is *the point!* it has unfortunately happened, that one anxious to "advance the *status* of his profession," and to enlighten medical practitioners upon psychological subjects, has always kept back *the treatment*; there has been much of mysticism and folly, but nothing really *practical*. It would appear almost as though the desire was, not to bring prominently forward the benefits to be derived from particular remedies, not to enable medical men successfully to treat cases of insanity, but merely to draw attention to a name diurnally twice triply advertised! A precious "little self," so precious, and so valuable, *that the very names of those poor fellows who have talent only, but who really do the work, must not appear, they must remain unknown!*

The reviewer, in his deep regard for "legitimate literature," affects to believe that the reader will necessarily confound the present enlarged and illustrated edition with that smaller volume published now nearly eight years since; he forgets there is *a double preface* minutely explaining every particular, and having been at some pains to examine why he has been so afraid to draw attention to that preface to the second edition, I think I am not far wrong in ascribing it to the following paragraph:—

"An apology may be apparently demanded for the very frequent recurrence with which I have enforced *the inexpediency of sending incipient cases of insanity* to asylums, but it is a point which I hold to be of such importance, that I feel it to be unnecessary to offer any excuse for such repeated reiterations; again and again have I been the means of preventing the incarceration of fathers, of mothers, of sisters, and where these very individuals are now holding prominent places in their respective circles;

and, were it not manifestly inexpedient so to do, I could point out in many spheres the incalculable advantages I have secured to these individuals, and the obvious social evils I have thus prevented."

To my versutiloquent reviewer this is no doubt highly unpalatable! *it will not do to have empty houses!* and well indeed can I imagine his crying out "Our craft is in danger," and calling together those of like occupation, saying, "Sirs, ye know that by this *craft* we have our wealth."

Nunc cursu lampadem tibi trado!

Having at considerable length made several preliminary remarks, the reviewer says, he is compelled to withhold from the Essay his approbation, considering it to be composed of "vapid nonentities" and "common-place truisms." He then informs us that he "will not pretend to divine the motives which may have led Dr. Williams thus to rush into print," and states—

" 'I too can write; and once upon a time,
I poured along the town a flood of rhyme,
A schoolboy trick, unworthy praise or blame;
I printed — older children do the same.' "

He then, with ridicule, commends my "moral courage" in an attempt made to draw a distinction between mind and soul, and in giving my words, misquotes!

The reviewer next states that he never before heard that reflection, "or as Dr. Williams classically designates it, 'self-inspection,' was the highest faculty of the mind;" he then, having attempted humour and witticism respecting "imagination," passes on to doubt whether a man is really insane "who has no control over his thoughts and actions;" and because I remarked that persons predisposed to insanity were often fond of showing off, and reciting, and spouting, he bids his "amateur theatrical friends to bear this in mind."

The reviewer, in an extraordinary "manner" of "delusion," attempts to throw ridicule on my opinion, and in so doing couples me with Dr. Haslam, and with Henry, now Lord Brougham; self "delusion," as in many other places, is here most manifest.

Page after page is thus wasted in similar frivolities, grave facts and important deductions being supplied with ridicule;* indeed the folly is often such, that although

* A friend writing to me upon this subject, states, "In point of fact

appearing in a professedly scientific journal, it would not be tolerated in the lowest periodical of the day. Misquotations and mis-statements frequently occur, and the reviewer becomes so indiscreet, call it by no harsher term, as almost to sneer at, and throw ridicule upon those who terminate their existence by their own hands. The same levity is exhibited even upon those subjects which a well regulated mind would always treat with the greatest delicacy.

The reviewer then alters his tone, and becomes indignant at what he terms "a gross and inexcusable libel upon the profession." My words are as follows:—

"It forms the exception for medical men to pay any attention to mental disease; and hence, when a case of insanity occurs in private practice, the individual so affected is either sent away at once to a lunatic asylum, or the medical attendant, being himself alarmed, restrains his patient by violent measures.

"The general ignorance of diseases of the mind, so prevalent throughout the profession, has frequently led to very unjust detentions; and if any medical man, so uninformed upon this subject, is requested to visit an alleged lunatic, he goes prepared to *prove* insanity; whereas his object should be to ascertain the exact state of the patient's mind, and to see whether there would be danger to life or property in allowing him personal freedom; but the very fact of seeing a person already manacled, has, alas! been to many sufficient proof of his insanity; and indeed, as Sir Henry Hallford has said, 'if already confined, his condemnation is almost certain.'"

This is directly opposed to the reviewer's opinion, he denies the fact, and considers the profession err on the *other side*, and speaks of the "*ultra* views on the subject of non-restraint!" and of the "*few over-zealous members* of the profession!" He then talks of my "scandalous imputation," and because I have attempted to give faithful advice respecting the signing a patient's certificate of unsoundness of mind, he characterises as "twaddle" my offering "*such advice* to the profession," although it is well known that, even to this day, a very great number of certificates are irregular, not to call them illegal.

The reviewer appears to doubt whether irregularities can at the present time occur, because the erring individual "would expose himself to an action for misdemeanour."

the whole of this article is so extremely puerile, as would render it contemptible in one of the lowest periodicals of the day."

Why, I now hold in my hand the astounding statement of 105 patients being illegally confined in one single asylum!! Cases are not unfrequently now occurring where the liberty of the subject is unjustifiably invaded; close to my own door, and even within the last month, has a patient been carried away, then manacled, and kept so night and day, because, when inebriated, he had quarrelled with his wife; this was represented to a doctor, who immediately on seeing the intoxicated individual, *and without the certificate of any other medical man*, ordered his immediate removal to a lunatic ward! My reply to the reviewer is, glad indeed should I be to find my opinion incorrect. The reviewer, however, says, "It is, alas! mortifying to be compelled to repel an arrow aimed at the members of an honourable profession from the hand of one of our brethren!" but in common with every upright man in our profession, I do not recognize as brethren those who *consciously* err so atrociously; I disown them.

The following "calumnious statement" excites in the mind or the pen of the reviewer great indignation:—

"The generality of medical men, when asked to see a case, go with the full intention of establishing insanity, not to disprove it. The object should not be to look for the evidence of insanity, or for that evidence which may furnish mere *suspicion*; but the great point is to ascertain whether the individual is dangerous to himself or to others; and in some instances whether partial surveillance is necessary to prevent a waste of fortune or of effects. If, on visiting a person, he is at once found to be evidently of unsound mind, the question to be decided is, what degree of restraint may be necessary; and this must depend upon a variety of circumstances, all of which should be ascertained, particularly respecting his hallucination, or instinctive wish, his habits, actions, and inclinations."

Probably the reviewer regards this also as "twaddle."

Passing by my being a "learned Theban," and my "generosity in laying down rules for guidance," with "the gratitude" of the reviewer, we arrive at the following:—

"How often (says Dr. Williams) is a man sent to an asylum by his friends because he is eccentric and irritable." The reviewer states, "We doubt the fact; nothing is easier than to make general statements and assertions of this kind; but as two medical men must certify not only as to the presence of insanity, but to such a *kind* and *degree* of insanity as to justify confinement, we are disposed to consi-

der the occurrence of which the author speaks, *extremely rare*; in fact, we do not think it possible, considering the character of the members of our profession, the vigilance of the commissioners, and the amount of surveillance to which private asylums are, in the present day, subjected." The facts to which I have adverted most unhappily altogether set aside the assertion of the reviewer.

The following sentence gives great offence: "How dreadful for a patient just becoming conscious, with reason dawning upon him, to find himself in a mad-house." This critic, however, considers that "instead of being appalled at finding himself in "a mad-house" after his restoration to consciousness and reason, one would imagine that he would be grateful to those who, in the hands of a wise Providence, had been instrumental in restoring him to the healthy exercise of mental faculties." But curiously this reviewer never finishes one of my sentences, he quotes only a portion; for instance, the sentence thus proceeds—"to find himself in a mad-house! to hear the dreadful ravings, to see the grotesque exhibitions, to be greeted by the idiotic laugh—are not these sufficient to confirm his mental malady? There is no rational person to whom he can unburden his mind; reason and sympathy are not within those walls; his half recovered reason bends under such affliction, and he relapses, and, as Dr. Conolly wisely says, 'the chances against his perfect restoration are fearful; and most powerful causes of returns and aggravations of his mental malady are accumulated upon him.'"

And again, in private asylums, where £100, £500, £1,000 per annum are received for boarding and superintending an inmate, how great is the temptation to detain a patient, even when the mental faculties have been restored?

In speaking of the effects of associating with the insane, I have observed "that very few nurses or keepers live under such exposure many years without themselves becoming insane." The reviewer, however, states, "we never knew an instance corroborative of this assertion. The statement has no foundation in fact." Within two or three days after perusing this paragraph, a most respectable and well-educated nurse waited upon me; and, on my asking why it was she had not called before, she stated that she had herself been attacked with insanity since I last saw her, which had lasted more than three months, and it was entirely attributable to her having nursed Miss —.

This patient, whom she had so carefully watched over for more than eight weeks, often had very violent paroxysms; and the continued vigilance, care, anxiety, and excitement, had quite over-balanced the mind of the poor nurse. If the reviewer will only take the trouble to prosecute his inquiries, he will find that many nurses, male and female, are obliged to give up their vocation, feeling, if they still continue to be associated with the insane, "that they will themselves go mad."

It would be idle for me to attempt to wade through all the folly supplied in this review of sixteen octavo pages; and passing by the fear the reviewer expresses, that he trusts "Dr. Williams does not feel unnecessarily alarmed for his own safety," we arrive at the following:—"In an incipient case of mania it is far better to treat it at the patient's own house." The reviewer adds, "particularly if the family should have the advantage of the author's skill and experience;" but he should have continued with my sentence, which runs thus—"better to treat it at the patient's own house; this is infinitely preferable to removal. The patient can at home be placed under control, and the degree of restraint which may be necessary can be properly adapted by having one or more attendants. *It is always in early cases so much may be done; and more persons recover during the first six weeks after being attacked, than in the aggregate of all other subsequent periods.*" Why does the reviewer almost invariably commence or terminate in the middle of a paragraph? The real object in reviewing should be to show the author's views, to exhibit *honestly* and impartially the merits and demerits of a book, not to misquote and misrepresent.

Again, having stated, "that whenever a person's means will at all admit of his being treated at home, this is always preferable," the reviewer adds, "we might proceed *ad infinitum, usque ad nauseam*, in quoting analogous passages, embodying a wholesale and indiscriminate abuse of institutions for the treatment of the insane. But the selections we have made are sufficient to establish the *animus* as well as ignorance of the author."

The reviewer then proceeds—"We maintain, *that it is impossible to carry into effect any CURATIVE SYSTEM, of either medical or moral treatment, in cases of actual insanity, outside the walls of a lunatic asylum.*"* In answer

* It is thus printed in the Review.

to this I may state, my positive conviction is, that if incipient cases of insanity are properly attended to, at the patient's own house, more than 50 per cent. will be cured within the first six weeks ; and in private practice I should never feel justified in sending any case into an asylum within one month from the period of attack, unless the patient was in unsuitable apartments, or could not command proper comforts and attendance ; and, I also believe, if this rule was acted upon, and if the sedative treatment was efficiently carried out, that numerous private lunatic asylums in England would have to be closed within two years.

Our reviewer still proceeds : "As there must be lunatic asylums," says the author, "and AS (mark the acute logician !) *the majority of them are densely thronged* (why so ?) *the importance of classification cannot be over-estimated.*" "Can our readers," says the reviewer, "trace any connexion—necessary connexion between the fact referred to in the *first* and the assertion contained in the *latter* part of this sentence?"

My simple reply is, read the whole paragraph which runs thus, p. 119:—"As there must be lunatic asylums, and as the majority of them are unfortunately densely thronged, the importance of classification cannot be over-estimated. And it is not sufficient to separate the rich from the poor, the noisy from the quiet, the dirty and offensive from those who are clean, or to keep the dangerous either separately or by themselves, or to remove the paralyzed and imbecile from convalescents ;* but the convalescents themselves require classification ; and who presumes, for one moment, that a patient recovering from erroneous ideas and perceptions is more likely to be favourably impressed by another convalescent than by those of sound mind ? as Dr. Conolly says—'Convalescents should not even associate with convalescents, except under the strict watching of persons of sound mind ; they can hardly assist, and they may retard the recovery of one another.' How powerful is the effect produced on those who habitually associate with the insane ! how many keepers, both male and female, become insane !" The reviewer then draws attention to my opinion that, "A man who has once been the occupant of a mad-house seldom regains his social position ;" he says, "It would,

* Has not the diffusion of these opinions already effected a movement in the private asylums ? has not a decided change taken place ? are all the patients now so indiscriminately mixed up together as they were even six months since ?

indeed, be a sad and discouraging reflection, considering the amount of insanity, and the number of the patients under treatment, and discharged as 'cured' from both public and private asylums, if there were the slightest pretence for Dr. Williams' bold assertion.' WE UNHESITATINGLY DENY THE FACT. We have before us the report of the 'Massachusetts State Lunatic Asylum,' and in it we find Dr. Chandler, the physician, making the following remarks: 'I have known a few individuals, who were brought here insane, and who recovered to become better citizens than they were before. Their minds and feelings acquired strength and soundness by the disease, and by undergoing the process of cure, as some musical instruments are said to be improved by being broken and repaired again.' Such is the experience of all engaged in the treatment of the insane. It is a fact that in some instances the judgment appears more vigorous, the affections more easily balanced, the volition stronger *after* recovery than before the development of insanity. We readily admit that the mind cannot be subjected to frequent attacks of disorder without having its faculties impaired; but the assertion of the author that a man once having been confined in an asylum, 'seldom regains his social position,' is a perfectly *gratuitous*, [*sic*] and is in direct opposition to the experience of those whose practical opportunities for observation entitle them to form a sound and safe opinion upon the subject."

Perhaps the reviewer considers that a man's social *status* is raised by having been locked up in an asylum? I stated, that a man who has once been the occupant of an asylum seldom regains his *social position*; and the reviewer attempts to refute this by maintaining, *ex cathedrâ*, that the judgment in *some* instances appears more vigorous after the recovery, than before the development of insanity. Does this prove that a man who has been an inmate of an asylum generally regains *his social position*?

The reviewer having thus attempted to refute my allegation, resumes his levity, till again, warming with his subject, he gets excited, using unsparingly the epithets "consummate ignorance," "impertinence," &c. &c., until he arrives at one paragraph which completely overpowers him. After ridiculing it, he says, "It is certainly a fine specimen of pure and classic English composition. The only doubt we entertain is, whether it is not *borrowed* from the *Spectator*."

But enough. He winds up thus: "The author requires to be taught the necessary lesson that it is the duty of men

to *learn* before they attempt to *teach*, and that without long experience and great sagacity no man can by a hop, skip, and a jump, place himself in the professor's chair. In a medical point of view, the essay is of no value; as a piece of literary composition it is, we regret to say, contemptible."

Now can it be believed that an honest physician, sitting down to review a book, not written as an idle tale merely to amuse the passing hour—can it be believed that any doctor who had the slightest regard for the welfare of his fellow-creatures, would studiously keep back the WHOLE of the practical part of the work specially written to show the value of the sedative treatment of insanity; that the whole of that portion of the book which formerly obtained the prize should have been sedulously avoided, altogether neglected—that, in fact, the therapeutic treatment of insanity is not even touched upon; so that a reader of this long review, wishing to know what was in the treatise, would imagine there was nothing practical in the whole work, whereas upon every page, "*the direct value of therapeutic agents is clearly shown*," and many most interesting cases have been given to illustrate the value of the sedative treatment.

A heavy responsibility rests upon every reviewer, but this responsibility becomes immensely increased, when the review is of a *medical* work; upon it may depend not only the mental and physical comfort, but even the life of thousands of his fellow-creatures.

I here take leave of the reviewer of the *Journal of Mental Pathology*, freely forgiving him for any *personal injury* he may have designed me, and with the full intention of endeavouring to repair the *public injury* which might have resulted from his error and indiscretion, by giving circulation to this reply.

————— Quippe minuti

Semper et infirmi est animi exiguique voluptas
Ultio.

*The Medical Times and Gazette** next follows, and the reviewer commences by informing us, that "Adversity makes us acquainted with strange bed-fellows." I do not wish to press too hardly upon any one, especially when in "adversity;" but it has been a problem to me, what the

* The editor, a resident medical attendant at a private lunatic asylum.

reviewer's feelings really were at the moment he penned that sentence! Cap it, with "Honesty is the best policy."

Cedere namque foro jam non est deterius, quam
Esquilias a ferventi migrare Subura.

It would be absurd for me to waste these pages by following this reviewer through all his gibes and sneers. Having announced that the "Captain is a bold man, but the Doctor is still more courageous," he asks, Who is this modern luminary thus dawning upon the ignorant and benighted psychological world? What are his "anteecedents?" (to use a phrase much in vogue). Let us be informed of the place of his nativity. Under what star was he born? Come forward, "most able judge," thou "second Daniel, come to judgment," and tell us "who's who in 1852!" Who is the man who, after thus pooh-poohing us jumps like a farm-bird upon its dunghill, flaps his wings, and shouts 'cock-a-doodle-doo?'"

The reviewer then desires the psychological physicians to "hide their diminished heads," to "prostrate themselves before this great luminary, and worship the psychological genius of the 19th century—the English Pinel, the British Esquirol, just glittering upon the horizon!" He then attempts to make it appear that I believe Dr. Conolly to be a humbug, that "Dr. Conolly is under a fearful delusion as to the proper moral management of the insane; his ideas respecting non-restraint are a fiction!"

My reply is to be found in p. 117 of the book reviewed:—"Nothing can be wiser than the example shown by the talented and benevolent physician at Hanwell, Dr. Conolly; he, in following out the humane system of Pinel, has proved that iron bars incite to mischief; that physical restraints augment and multiply the very evils they were intended to subdue; while the kindness shown by him personally to the patients, and diffused by him through the attendants, both male and female, prove that honesty, humanity, philanthropy, and talent, have, in a very few years, effected more for the comfort, safety, and even the cure of the insane, than has ever been accomplished by the advocates of intimidation, coercion, and secret and obscure treatment."

Perhaps this opinion regarding Dr. Conolly is not sufficiently explicit for the reviewer, who, immediately after, again attempts to entangle me with other illustrious men in our profession; but the *example* already given may suffice.

This gentleman then employs the words "ignorance," "conceit," "presumption," "false knowledge," attempting by ridicule to pervert what I have said, and *passes by all the therapeutical and practical part of the work*, until he arrives at p. 294, where tobacco is recommended as an occasional remedy for vigilantia, but especially to those accustomed to its use. This he regards as a "noble discovery!" and proceeds thus, "Great benefactor of the human race! Let us erect to his memory a huge monument,—not of stone,—not of brass, not of marble; let it be tobacco, and assume the shape of a hookah, a meerschaum, or a cigar!"

What can be thought of the medical literature of the day, that a subject of such gravity and importance, and involving consequences so serious, should be treated in this frivolous and unbecoming manner? What weight can be attached to any opinions so expressed?

Is it of no importance to combat vigilantia? does it not signify whether irritability be calmed and rest procured? Is it nothing to ward off insanity? Is a healthy mind no blessing?

This reviewer, so anxious that knowledge should be diffused, and that his brother practitioners, of whose honour he is so jealous, should be well informed upon every point, takes no notice whatever of the therapeutic treatment of insanity, and the difficulties of the subject; he neglects those cases which have been carefully and minutely described, and omits to mention what is said of bleeding, cupping, leeching, purgatives, diuretics, diaphoretics, and emetics; takes no notice of opium and its preparations, morphia, digitalis, hyoscyamus, conium, lactucarium, camphor, belladonna, hydrocyanic acid, colchicum, stramonium, aconite, the cannabis Indica, the lobelia inflata, stimulants, anti-periodics, warm baths, the semicupium and pediluvium, the ice-cap, cold-affusion, the cold bath, the cold shower-bath, the warm shower-bath, with exercise, travelling, music, light, darkness, and warmth. Passing by these *unimportant agents*, he arrives at what he in ridicule terms the "great remedy," alluding to the following sentence:—"Gently patting the back of an infant soon lulls it to sleep, and this is sometimes equally successful in some very nervous individuals." Such is the fact, however, even although the reviewer may be incredulous. He may never have seen a delicate irritable patient, whose nervous system has been shattered by unexpected calamity. He is possibly not aware of the comfort, of the assurance felt, in knowing that a protecting hand is near. But I forbear, and sincerely do I pity this

reviewer. In this nineteenth century what can be thought of the *Medical Times and Gazette*?

The last Journal for our notice is the *British and Foreign Quarterly*, like each of the preceding, published under the same roof, and under the same influence! can we, therefore, be surprised at the same tone and style?

Its editor, nourished from the same source, considers the calling "this book a second edition of the prize essay, is simply an absurdity." For further information upon this point, however, I must refer him to the publisher.

The reviewer says, "Dr. Williams wrote in 1848," (it should have been 1845,) "a prize essay on 'The Use of Narcotics, and other Remedial Agents calculated to procure Sleep in the treatment of Insanity.' He has recently enlarged this essay into a goodly volume, containing upwards of three hundred pages; the original grain of wheat contained therein (if it did contain a grain) being increased by nearly a bushel of chaff." Before my opinions upon the *inexpediency of allowing lunatics to be made THE SUBJECT OF PROFIT* were published, how did this same *Quarterly* review my work?

"Dr. Williams has bestowed great attention on his subject, and presents us, in a small compass, with a large amount of practical and judicious observations on the various remedies employed in the treatment of insanity. We commend his little volume to the members of the profession." The doubt now is, "If it did contain a grain of wheat;" and this reviewer affects to believe that I am in "utter ignorance of the psychiatric literature of the nineteenth century," when, by perusing the volume itself, he well knows that it refers to the opinions of almost every notable person who has ever written upon the subject. A "doubt" is attempted to be cast upon every page of the book, the reasoning and proof being as follows:—"Thus the modern treatment with morphia is likened to the ancient treatment with hellebore—the latter a drastic purgative, and used as such by the Greeks and Arabs." Now, with all due deference to this reviewer, who is evidently superficial and one-sided, I must here remind him, that, although I do not pretend to settle the disputed question as to what the *hellebore* of the ancients really was, yet the highest authorities in Britain consider it to have been decidedly *narcotic*. Our reviewer, however, wishing to be still more severe proceeds: "Again, Dr. Williams has caught at the modern doctrine which traces a close connexion between cerebral disease and imperfect renal action, especially as manifested in albumi-

nuria. He evidently has not the most remote comprehension of the theory; but he must needs take some notice of it, and he does it thus:—

“It is here worthy of inquiry, how does the albumen act upon the brain? does it, under such circumstances, exist more largely in the blood? and, if so, is it its tenacity, or gummy, or glutinous characteristic which causes obstruction and congestion, and subsequently inflammation? We all know the effect of injecting gum into the arteries and veins; it causes inflammation, and in this way pneumonia may be artificially induced.” The reviewer here leaves off, but in the work itself the subject is still continued thus:—“It was upon such an hypothesis that I ventured to defend the theory suggested by Mr. Shephard, that the proximate cause of insanity is in the blood; as although this may at first be thought improbable, yet, when we consider the influence the mind has over the various functions of the body, how excessive rage causes biliary derangement, nay, even jaundice, that this very bile circulating through the brain, sometimes induces mania; that great fright, or passion, or disastrous news, often deranges the alimentary canal, and probably vitiates the chyle and blood, thus inducing fever; we shall hesitate before we finally reject Mr. Shephard’s theory. Again, how is drunkenness produced? in what way does spirit or the Indian hemp act upon the brain? It is well known that soda, given in full doses, is often useful in some cases of mania, and probably this is owing to the blood becoming more fluid: as soda possesses this power of liquefying crude or thickened blood; and so again when the blood is too fluid, we order the mineral and vegetable acids, which have the property of enriching and increasing the viscosity of this circulating fluid.” The reviewer adds, “after this scientific criticism is unnecessary.”

I can scarcely conceive the reviewer to have been honest when he states, that he believes I have “not the most remote comprehension of the theory” of cerebral disease produced by imperfect renal action. He cannot believe that any man who had regularly and systematically, for many years, followed Dr. Bright in Guy’s Hospital, taking his cases, writing his prescriptions, listening publicly and privately to his opinions, and verifying their accuracy in the dead-house, this reviewer, I say, cannot believe that such a man could be ignorant of the theory of renal affections producing cerebral disease. No; it served the purpose of the reviewer so to write, but if he will take the pains to read the whole book through, he will have abundant proof that

the ignorance he designs to show exists only in his own imagination. My object throughout the work was to render it essentially practical; I could not however refrain from penning the eight lines in question, to express a theory I was nursing and hoped to rear, respecting the causes of puerperal convulsions and puerperal epilepsy.

I did not, however, like my single-minded reviewer, rest satisfied with finding one symptom, but I searched for other signs of disease, and having found them, considered the symptom on which he has stumbled, as one of the concomitants, rather than the sole cause, of puerperal convulsions.*

But as it is often desirable to arrive as much as possible at the intention and object of a writer, I will now give a few extracts to be found in another part of the same Journal:—

“It is too much the fashion to depreciate the management and efforts of private individuals in the treatment of the insane; in some particular instances, we believe, they have been much calumniated, and both their feelings and property most unjustly injured. While it is true that abuses may and do exist in private asylums, we cannot forget that by far the greater number of improvements in the condition of the insane were proposed and partly carried out long before the Commissioners in Lunacy existed as a body; and that it is probable that the same spirit will continue to actuate the generally estimable class of psychiatric practitioners. There may be exceptions to the rule of good and kind management, *but we must not forget that there are exceptions to the rule of able and conscientious Commissioners*; and that if the public confidence be misplaced in this direction, an arbitrary, dogmatic, and tyrannical board may take the place of the private practitioners in lunacy, with great detriment to the public service, and with greater detriment to the unfortunate lunatic.

“The intrusion of almost irresponsible public boards into the management of matters wholly within the legitimate sphere of the profession, is a growing evil, and may eventually inflict serious mischief on society. The great danger that such boards will be charlatanic in their principles and practice is obvious; with such principles, and an immense power over private interests and conduct, they require to be

* The theory is, that in one class of cases there is great excess of fibrin and albumen in the blood, during the latter weeks of gestation, capillary obstruction coincidentally occurs in every organ and tissue; the minute capillaries being incapable of transmitting such a tenacious, glutinous fluid, the consequence is capillary obstruction, general congestion.

narrowly watched, and rigidly subjected to the salutary control of public opinion."

Here and here alone I agree with this reviewer. Everything relating to the lunatic requires to be narrowly watched and rigidly subjected to the salutary control of public opinion.

Short Extracts from a few of the reviews *before* the Author published his opinions respecting the inexpediency of sending incipient cases of insanity into lunatic asylums; and also as to the impolicy of permitting the lunatic to be made the subject of TRAFFIC and of PROFIT:—

1845-6.

"Dr. Williams is already well known to the profession by his able 'Treatise on the Ear,' which obtained the Thesis prize of the University of Edinburgh. The work before us is decidedly an addition to his reputation. It is written in a spirit of modesty, and abounds in good sense. We can commend his work to the favour of the profession."—*The Medical Times*.

"In following out his argument, the author has brought under consideration *the whole of the leading plans of treatment which are at present adopted in the management of the insane*; and although his remarks are given with much brevity and terseness, they evince very careful research, and sound practical knowledge. His observations upon the effects of the various kinds of Narcotics, and his estimate of their comparative value, are remarkably good, and may be consulted with advantage as well by the practitioner as the student. We strongly recommend a perusal of this interesting and able Essay; its publication will add to the author's reputation as a diligent and acute observer."—*The Medical Gazette*.

"Dr. Williams has bestowed great attention on his subject, and presents us, in a small compass, with a large amount of practical and judicious observations on the various remedies employed in the treatment of insanity. We commend his little volume to the members of the profession."—*The British and Foreign Medical Review*.

Extracts from the three Reviews* *after* the Author published his opinions respecting the inexpediency of sending incipient cases of insanity into lunatic asylums, and also as to the impolicy of permitting the lunatic to be made the subject of TRAFFIC and of PROFIT:—

1852.

"What would be said if a prize or a distinction of any kind could be awarded for such a piece of egotistical presumption and for so scandalous an imputation upon the intelligence and honour of the profession."—*The Medical Times and Gazette*.

"Let us offer Dr. Williams a little advice. We strongly urge him to devote the next ten or fifteen years of his life to the patient, continuous, and unwearied study of healthy and disordered mental phenomena; to read carefully the productions of the recognised authorities upon this class of affections; to be more deferential to the opinions of others; to entertain more humble views of his own knowledge and judgment; to watch carefully by the bedside the operation of remedial agents, and then he may be somewhat fitter to write a book calculated to elevate him in the estimation of the profession."—*The Medical Times and Gazette*.

"This comprehensive slander must surely have been penned in utter ignorance of the psychiatric literature of the nineteenth century."

"He has recently enlarged this Essay into a goodly volume, containing upwards of 300 pages, the original grain of wheat (*if it did contain a grain*) being increased by nearly a bushel of chaff."

"Scientific criticism is unnecessary." *The British and Foreign Medical Review*.

* Refer back as to the influence over these reviewers to page 2.

BEFORE THE AVOVAL.

"The matter is handled so judiciously that no one accustomed to attendance upon the insane or nervous can fail to profit by its perusal."—*The Athenæum*.

"It may be considered as a contribution to the treatment of insanity in general, with great prominence given to the important object of inducing sleep. The question is handled by Dr. Williams with considerable ability, and his Essay exhibits a large amount of the results both of reading and experience."—*The Spectator*.

"This work recommends itself with powerful claims to the attention of that profession for which it is more particularly intended. The importance of the subject cannot, indeed, be over-estimated: to induce sleep in every stage of insanity is most desirable; to procure it in incipient cases is often to effect a cure, many cases of insanity being entirely prevented by procuring sound and refreshing sleep. For the physician, Dr. Williams has furnished a suggestive guide-book, and a valuable practical manual."—*The Literary Gazette*.

"Within the compass of a small number of small pages we have here, well set forth, some most valuable practical considerations. The author shows the high importance of inducing sleep in the insane, as well as in those who have previously had any symptoms of mental disorder.—Practically and soundly handled. We commend this book to our readers."—*Edinburgh Journal of Medical Science*.

"This Essay presents a succinct and very neat exposition of the various remedies that have been recommended for the purpose of soothing the excessive irritability and sleeplessness in the different forms of insanity. Bleeding, purgatives, emetics, narcotics, the warm bath, &c., are severally discussed, and the value of each is very fairly and judiciously stated."—*Medico-Chirurgical Review*.

"The volume before us contains a good deal of useful information . . . and the language is correct and appropriate throughout."—*Dublin Medical Press*.

AFTER THE AVOVAL.

"We opened the volume with the assurance that we should find in its pages a record of both novel and valuable views relative to the pathology of the brain, and the therapeutics of insanity.

"We regret to say that we have been grievously disappointed; . . . but a stern sense of critical justice compels us to withhold from Dr. Williams's volume the stamp of our approbation! It is composed of vapid nonentities, and common place truisms.

"It has given us much pain to be obliged, in duty to our numerous readers! to speak in such disparaging terms of Dr. Williams's work. The author requires to be taught the necessary lesson, that it is the duty of men to *learn* before they attempt to *teach*. In a medical point of view, the Essay is of no value; as a piece of literary composition, it is, we regret to say, contemptible."—*The Journal of Mental Pathology*.

For other opinions respecting this Second Edition, the reader is referred to the end of this pamphlet.

Having now shown the animus which has directed the opinions of those who enlist under the banner of the *Journal of Mental Pathology*,* I will shortly endeavour to offer a few opinions respecting the general treatment and management of the insane.

When a medical man is requested to visit a patient, who is alleged to be insane, his object should not be to look for the evidence of insanity, or for that evidence which may furnish mere *suspicion*; but the great point is to ascertain whether the individual is dangerous to himself or to others; and in some instances whether partial surveillance is necessary to prevent a waste of fortune or of effects. If, on visiting a person, he is at once found to be evidently of unsound mind, the question to be decided is, what degree of restraint may be necessary; and this must depend upon a variety of circumstances, all of which should be ascertained, particularly respecting his hallucination, or instinctive wish, his habits, actions, and inclinations.

When examining the patient, take care he is not agitated; gain his confidence, and endeavour to ascertain that he has not been previously excited; always remembering that kindness will do more than subtlety or deceit.

It is very important to ascertain the exact state of the pulse and the various functions, to observe whether the patient is excited, and whether any ill treatment has been practised or threatened. The most monstrous means have been adopted to intimidate weak-minded individuals; and fraud, conspiracy, and intimidation must be met by perspicacious sagacity, and by the most unflinching and uncompromising honesty and honour.

There can be no doubt as to the necessity of placing under control a furious maniac, who would be constantly injuring himself or others; the greatest care and precaution being directed to those who are suicidal, or who, suffering from instinctive madness, are homicidal; and, indeed, equal vigilance is necessary where hallucinations prompt the possessed to injure life or property. Now, in any of these cases, no one, however humane, would wish to see such dangerous lunatics allowed perfect freedom of action; but at the same time, although they require control, they need not be treated

* The reviewer in one part having thanked me for "extremely satisfactory advice," does so "in the name of those associated with the treatment of the insane." Is he authorised to represent the names of others? Does any society exist to protect the interests, *not of lunatics*, but the interests of lunatic asylum *Proprietors*?

as felons ; but extra attendance and increased caution must supply the place of iron bars or iron hobbles.

There cannot be a doubt that numbers now the occupants of lunatic asylums ought never to have been subjected to such imprisonment. Dr. Conolly says, "The crowd of most of our asylums is made up of odd but harmless individuals, not much more absurd than numbers who are at large."

How often is a man sent to an asylum by his friends because he is eccentric or irritable, whereas by removing him from home to some suitable and cheerful residence, and by having an experienced servant to wait upon him, he might, by temporary change and care, again in happiness return home to resume his usual duties ; but he is sent to an asylum, and Dr. Conolly says, "This is the worst place for an eccentric or irritable man, as here this eccentricity, this irritability increases ; whereas in general society these failings would be checked. Confinement renders it permanent, and ripens eccentricity or temporary excitement or depression into actual insanity ; and this is not the worst part of the evil, for even when a patient has suffered no aggravation of his disorder during its greatest severity, the danger is not passed ; nay, it is increased as his convalescence advances ; for, when that otherwise happy change commences, the sights and sounds of a lunatic asylum become, if they were not before, both afflicting and unsalutary."

As previously stated, how dreadful for a patient just becoming conscious, with reason dawning upon him, to find himself in a mad-house !—to hear the dreadful ravings, to see the grotesque exhibitions, to be greeted by the idiotic laugh—are not these sufficient to confirm his mental malady ? There is no rational person to whom he can unburden his mind ; reason and sympathy are not within those walls ; his half-recovered reason bends under such affliction, and he relapses, and, as Dr. Conolly wisely says, "The chances against his perfect restoration are fearful ; and most powerful causes of returns and aggravations of his mental malady are accumulated upon him."

Although classification may effect a good deal, yet where the patients are numerous, as they always are in county asylums, no system can be made so perfect as to place such convalescents together as that they may not impede each other's recovery. The opinion is not of ancient date, when it was declared, that a lunatic saw his own errors more clearly when associating with those who held opinions equally ridiculous with his own !—and yet we know how

vivid and active is the power of imitation, and we also are aware of the restraint general society imposes upon most of the insane, and it is well worthy of inquiry how such opposite views can be reconciled. The fact is, so powerful is the effect produced upon healthy and sound minds by being constantly in the presence of lunatics, that very few nurses or keepers live under such exposure many years without themselves becoming insane !

It is of the greatest advantage for persons at all singular or eccentric to associate with others free from these peculiarities, and hence it is that cheerful society is so advantageous in many cases of insanity. Man is fond of imitation ; it pervades all classes ; and, therefore, to mix up a number of weak-minded persons together is to confirm silly habits and false ideas. It is imitation which causes hysteria to run through a female ward ; it is imitation leads a number of men in succession, as at the Hôtel des Invalides, to hang themselves on the same spot, within a few days of each other ; it is imitation which tempts nervous persons, especially women, to murder those helpless babes whose innocent smiles even form no protection ; and it is imitation which often induces romantic and foolish lovers to terminate existence in one common act. I feel it were impossible to describe the various proofs of imitation ; I see it in every thought, word, and action. How few can be original ; how much must a man imitate before he is in a position to form a sound judgment, even upon the daily occurrences of life.

If, then, imitation plays so important a part in the economy of man, can it be said that a mad-house is the place where one who is becoming conscious, who begins to reason, who recommences to reflect, that this is the place for him ? That here, amongst the irrational, he is to obtain reasonable answers to the queries he makes ? that the perverted conceptions, the distorted ideas, and their oft repeated reiterations, will be more likely to aid him in the recovery of mental vigour, than a calm, dispassionate, and judicious manner, which can only emanate from one of sound mind ? How much more reasonable to suppose that in a happy family, where harmony united all, and where judgment, reason, and affection guided every sentiment and wish, that here irritability would be soothed, eccentricity would be restrained, and insanity prevented ?

Many persons, not predisposed through hereditary transmission, may be eccentric to such a degree as to be on the very verge of insanity, and yet never become insane if al-

allowed to mix in general society ; although it is not unusual to find where there is predisposition, that the mind ultimately gives way and the patient becomes irrational. A mad-house is not the place for persons of merely weak mind, nor for the milder cases of insanity, nor of incipient mania ; in all such instances the symptoms are almost invariably aggravated by such indiscretion—they become chronic, and disease is confirmed. To send a puerperal patient to such an asylum is most reprehensible. Dr. Conolly says,—“ I well know that patients labouring under puerperal insanity have sometimes been sent to lunatic asylums ; such a step in such circumstances is so inconsistent with every feeling prevailing in social life, that whenever it is taken, the whole responsibility and the whole odium of it must rest with the medical adviser.”

Even to remove such a patient from home is indiscreet in the first instance ; but if the presence of her infant, or her husband, or her friends irritate and annoy her, they should be excluded ; if, a month subsequently to her confinement, no improvement has taken place, change of air and scene should be recommended, and more especially if she appear dissatisfied with home ; where this is not the case, she will be more likely to get well at home than elsewhere ; but where there is much irritability, and this continues daily increasing, change of air, especially at the sea-side, is highly desirable.

Delirium is frequently attendant on fever, and it does occasionally continue for some weeks *after* the febrile symptoms have subsided ; and it has happened that such cases have been removed to lunatic asylums, both during and subsequently to the attack. Nothing can be more reprehensible ; it is the very way to render chronic those symptoms which are only temporary, and the patient may by such treatment be driven mad. During the convalescence of fever it is delightful to watch the mental vigour increasing day by day, and to see the individual, who so shortly since was perfectly imbecile, now able rationally to converse. How different might the result have been if placed within a lunatic asylum !

It is of great importance to distinguish accurately between delirium and insanity ; for to send a person to a mad-house who is delirious from fever is an indiscretion so terrible, and may prove of such disastrous consequences, that the greatest circumspection and precaution should be exercised.

So long as a man manages his property with discretion,

and neither injures nor threatens to injure himself or others, however eccentric in other respects he may be, yet he is not a fit object for control or for confinement ; for many men, who are in other respects very ridiculous, can take good care of their money, and even by their own industry and talent realize large fortunes ; and to confine such a person, or take out of his own power the management of his affairs, is unjustifiable, and not unfrequently, in such cases where the friends send such a person to a lunatic asylum, it is for the sole purpose that they should themselves assume the regulation of his affairs.

In an incipient case of mania it is far better to treat it at the patient's own house ; this is infinitely preferable to removal. The patient can at home be placed under control, and the degree of restraint which may be necessary can be properly adapted by having one or more attendants. It is always in early cases so much may be done ; and more persons recover during the first six weeks after being attacked, than in the aggregate of all other subsequent periods.

In treating such cases at home much must depend upon the attendants, who should be selected by, and placed under the strict orders of, the medical man. The room should be kept quiet, often dark, or at any rate avoiding a strong light or sunny exposure, no noise whatever being permitted ; the attendants must be firm but respectful, always showing deference where this is possible—no patient should ever be insulted. When however conversing, he must not be permitted to wander, but must be again brought back to the point whence he strayed ; great care being taken that nothing is said which is likely to excite him. It is the same in treating monomania, or partial insanity, the patient must not be allowed to talk of his delusion, it being rarely advisable either to advert to, or allow the individual to speak of, his point of error.

A person may be highly eccentric in dress, manners, and ideas, but still is not a subject for restraint ; but if his conduct interferes with the comfort of others, if he walks and annoys passengers, or threatens them, this must be prevented, or he must be put under control. So a woman may wear a bright red dress, yellow bonnet, and green boots, all made in the most grotesque style, she may appear in many other respects ridiculous, she may give a hop at every fifth step, yet she ought not consequently to be restrained ; but if, in addition to this, when walking in the public streets, she screams, shouts, and holloas, and in that way frightens

others, this, being prejudicial to the interests of society, demands interference, as it may indirectly cause the death of an individual, as by fright to a pregnant woman, in this way possibly even sacrificing a double life.

It is certainly more prudent to remove idiotic or highly eccentric persons, especially if noisy, from public gaze in large towns, as the less such cases are exposed, the fewer examples may be reasonably expected; we are much the creatures of imitation, and there are at all times many hysterical persons who would soon outrival any absurdities they may have witnessed.

When it is found that a person cannot control his feelings and actions upon any particular point, it is very necessary that this deficiency should be supplied by the control of others; the degree of restraint must depend on the degree of defect or of danger. In some instances where intemperance is habitual, and where the patient gets maddened with drink, it may be only necessary to prevent a repetition of inebriety; but whether rich or poor, to cause mere drunkards, however degraded in society, to associate with lunatics is most wicked, and ought not to be tolerated; consequently, if confinement is essential, it should not be in a mad-house.

So, in the case of a man of fortune, where there is extravagance, where this gentleman is ruining himself and his family, daily wasting his wealth, the question is, is it not proper to restrain such a person from inevitable ruin, and to remove him into the country, and place him in such circumstances that he cannot lavish his wealth? perhaps, a few weeks after such seclusion, this very person may feel deeply grieved at his follies, and be grateful that he was prevented from getting rid of more of his fortune. But when a patient thinks himself inspired, that he holds a commission from heaven to take away life, or where, as a general, he imagines he must despatch a victim for the sake of example to his soldiers—where, in fact, there is danger to life, active surveillance, and even active restraint, are sometimes indispensable.

Removal from home and separation from friends, may often be necessary when it would be very inexpedient to confine such a person in an asylum; the *degree* of necessary restraint is the important point to determine. Separation from friends, and change of residence, and of servants, will often be justifiable, when to remove such an individual to a lunatic asylum would be most criminal. A patient rarely

enters a mad-house without knowing where he is ; and, in an incipient case, for an irritable man to wake up and find himself in a lunatic asylum, may render him more irritable, more suspicious—it may aggravate every symptom.

Directly a person, whether rich or poor, entertains erroneous impressions, and often when only eccentric, away he is hurried to an asylum, where the chances of his cure are as remote as is the love which has not unfrequently dictated his removal. “Many individuals,” says Dr. Conolly, “who conduct themselves rationally in the society in which they are restrained by the habits of social life, and by the necessity of paying some regard to the feelings and wishes of those about them, would, if freed from these restraints, become guilty of many extravagances and eccentricities.”

A man may be poor and insane, and yet may not require to be confined or restrained ; he works for his daily bread, and in doing so, is placed in the very best circumstances for preventing a more decided development or aggravation of his delusion. Shut him up in a mad-house, his case becomes worse ; so long as his mental error does not involve his personal safety, or the safety of others, he should not be interfered with ; but if he be unable, or unwilling to work, and, more especially, if he in any way disturb or annoy his neighbours, or if they constantly annoy and oppress him, then removal to some place of protection is indicated, and, inasmuch as his friends cannot support him, it is necessary that he should be kept at the expense of the county in which he resides ; and in many instances it would be far better that some other place should be selected for him than a county lunatic asylum, because, however perfect the system of classification, yet the very associating daily with others holding deluded opinions, is very injurious to any case where there is a chance of cure.

The mistake seems to be, that a person is considered a fit subject for a lunatic asylum merely because he holds fictitious or erroneous ideas, and this appears to apply both to the rich and the poor ; but a man may think he can sail *through* the earth from pole to pole, and yet is not consequently incapacitated from circumnavigating the world ; or another may not know whence his intellect springs, and may attribute it to the effects of “*caloric*,” and yet in other respects may be highly gifted ; indeed, so far as my observation extends, I find very clever men often exhibiting very glaring inconsistencies. A man may imagine he is tortured by *mysterious agents* with *pneumatic aid*, but

surely to send him to detail his ills and misfortunes to a number of monomaniacs, is not so likely to remove such hallucination, as to engage him in healthy occupation, and to point out to him the beauties of creation ;—to gain the confidence of such a person, to lead him on by successive gradations, to draw off his attention from himself, to keep him constantly occupied—these constitute the rational manner and plan of treating such a patient. So in many cases where there are false views upon religion,—religious hallucination ; travelling and kindness, and withdrawing the mind from the source of error, these are the proper means to be resorted to.

Nothing is worse for the poor patient than to allow him to talk upon his point of error, and the constant endeavour of the medical and general attendant should be to tranquillize and not to irritate. To introduce the subject to him is really wicked, and the more incipient the case, the more injurious will such indiscretion be ; the attention must be drawn off from the hallucination. Of course, the milder the delusion, the less necessary is removal or restraint. Some monomaniacs are so violent in their actions, and altogether so extravagant, that confinement is absolutely necessary, while others again exercise considerable self-control.

Moral insanity does not always require either separation or seclusion, especially where a patient does not feel injured by, or an aversion to, his friends, this should be the great test ; if the motives of friends are mistaken, separation is always necessary, although seclusion may not always be indicated. When it has been considered necessary to order seclusion for a patient, care should be taken not to protract it any longer than is essential ; the time must of course vary, and in some instances even half an hour or an hour may be sufficient.

The presence of strangers is often agreeable to the insane, when that of their own family occasions them the greatest irritation ; and it often happens that a man who has been most violent at home, becomes quite tranquil when removed to some other residence ; the *change* produces the effect, and in many cases it may be necessary to select new and faithful and experienced servants.

Throughout Europe physicians are agreed that separation and seclusion are of the greatest benefit in the treatment of insanity, and although early seclusion is often of the greatest service, yet, after a time, when benefit has not resulted, it should not be persisted in, and this is a point which requires

the nicest discrimination and the soundest judgment. To admit friends too soon is very injurious, but this has certainly not often been a *fault* at private lunatic asylums. There may be particular reasons why a patient should not be disturbed on some special occasions, when these should be duly explained by the persons in charge, but when friends consider it necessary and essential to see an afflicted relative, contrary to the wishes and experience of the medical attendant, it is considered better to have the wish expressed in writing, simply to exonerate the medical man from responsibility. There are occasionally particular periods when the introduction of a friend may prove of the happiest effect.

Agreeable, pleasant, and useful occupation, with plenty of exercise in the open air, should be constantly employed in the treatment of insanity; the farmer in the north of Scotland, who derived so high a reputation for his success in curing mental disease, trusted entirely to physical labour in the field, which was often of a most laborious character. Mere irrationality does not require restraint; control or guidance may be necessary, but how wicked to confine a person merely because he is irrational!

It may often be necessary to remove a patient from home—he is irritable, perverse, inconsistent—it may also be advisable that this removal shall absolutely separate him from his friends, but then, how much better that all this arrangement should take place as the suggestion of his ordinary medical attendant.

It is a great point to induce patients to keep up self-respect; a harsh and tyrannical nurse may soon do irreparable injury to sensitive and irritable persons; their mental power and vigour fails; they become prostrated by such treatment.

The physician should always be placid and dignified; his conduct regulates that of the attendants; and the conversation and actions of the patient himself much depend upon his observation of what transpires around him. It is rarely advisable to allow a patient to speak of his delusion; it is far better to converse with him, when not in a state of excitement, upon general subjects, but always with composure. Contradiction can do no good, and a kind and conciliatory manner should always be exhibited towards the insane. The delusive opinions they hold, however absurd, are to them realities; and a greater degree of irritation is produced by laughing at them than we should ourselves feel if our word were doubted, or we were jeered at by others. A concilia-

tory disposition, with a manner sufficiently authoritative, is the great desideratum.

It is considered advisable that whenever a person's means will at all admit of his being treated at home, that this is always preferable, and especially in the first instance; for to send an incipient or slight case to mingle with lunatics, or persons holding deluded opinions, is very likely to aggravate and confirm those symptoms already present, or even by imitation to cause him to assume those fictitious ideas or characters which are so powerfully and so perpetually impressed upon him.

As there must be lunatic asylums, and as the majority of them are unfortunately densely thronged, the importance of classification cannot be over estimated. And it is not sufficient to separate the rich from the poor, the noisy from the quiet, the dirty and offensive from those who are clean, or to keep the dangerous either separately or by themselves, or to remove the paralyzed and imbecile from convalescents, but the convalescents themselves require classification; and who presumes, for one moment, that a patient recovering from erroneous ideas and perceptions is more likely to be favourably impressed by another convalescent than by those of sound mind? as Dr. Conolly says,—“Convalescents should not even associate with convalescents, except under the strict watching of persons of sound mind; they can hardly assist, and they may retard the recovery of one another.” How powerful is the effect produced on those who habitually associate with the insane! how many keepers, both male and female become insane! Classification is, of course, of the utmost importance, the greatest care being taken that dangerous lunatics are not mixed up with the placid and contented. The noisy and restless should be put together, and those who are dirty and offensive should be kept apart from those who are clean. It is not only necessary that the dangerous be separated from the quiet, but in some instances they should be kept quite alone; the greatest precaution and surveillance being exercised towards epileptics, who should always be placed by themselves; so those who are desponding only augment each other's depression and melancholy, and may even in this way encourage suicide. It is also very advisable that the young should be kept separate from the old, and never allowed even to see those who are becoming decrepid or imbecile. So, again, those who are educated almost invariably become worse from mixing with the illiterate; and great care should be

taken to put those of the same rank and acquirements together.

These few remarks will serve to show the difficulties which have to be overcome in classifying the patients of a large establishment, and as many patients must ordinarily be congregated under one roof, the greatest judgment will be required to prevent the least possible amount of mischief; and this can only be effected by the most patient investigation and selection, and by the constant supervision of an active, intelligent, responsible, and humane superintendent. Lunatic asylums should be exclusively such; for to admit merely nervous, imbecile, or dejected persons, to associate with lunatics, is to aggravate and confirm their symptoms, and will, indeed, often render them themselves lunatic. To receive persons as *boarders* into an asylum is so objectionable, and may tend to so many abuses, and to so much iniquity, that it should be treated as a criminal offence, and should be most severely punished.

The insane should never be mixed up with criminal lunatics, who should always be confined in separate buildings by themselves; and, as at present, they scarcely exceed four hundred and fifty in number, throughout the whole of England, it would perhaps be advisable to have all criminal lunatics confined in one building; and, as it might be thought somewhat dangerous to place so great a number together, it would be quite practicable so to arrange, without any additional expense to the State, that the barracks necessary for quartering troops should be so near the asylum as that an efficient guard should be always on duty; their assistance would never be required unless the keepers were likely to be overpowered, while the moral effect produced by their contiguity would alone be sufficient to effect the object intended.

Early treatment is of the greatest importance; a few days neglected, and the case may be irremediable; whereas, had attention been at once directed, and proper remedial and general means adopted, such a person might in a short time be again fitted for his usual avocation, and possibly be never again so afflicted throughout life. To send such cases to a lunatic asylum is not to be recommended; where persons can afford it, they should be visited by their ordinary medical man, who can, should he think it necessary, avail himself, not only of judicious and experienced nurses or attendants, but also of the opinion and advice of physicians who have devoted considerable attention to this particular sub-

ject ; but in the case of poor persons or parish paupers, they should either be attended at their own houses by the parish doctor, or a special room should be set apart as an infirmary in the workhouse, a great object, however, being never to designate it by a term which might prejudice the recovery or the feelings of those who occupied it ; consequently it should never be called the mad-ward, or the lunatic-house, and it would be much more discreet in medical men, when speaking to non-professional persons, to call such cases those of preternatural excitement or morbid irritability, or cases of inflammation of the brain ; the fact being that many persons never regain their social position when once said to have been insane ; whereas, where excitement has depended upon inflammation, the evil or injurious tendency is scarcely remembered after the patient has convalesced.

To show how important early treatment is, turn to the deplorable condition of the insane in North and South Wales, where the unfortunate pauper lunatics are shamefully neglected. In North Wales there is not a single public or
 x private asylum,* the lunatics being *imperfectly* and *badly* boarded out, their worst cases being sent to the Liverpool Asylum, the governor of which states, "that he never remembers an instance of recovery in an insane pauper from Wales."

From a general survey of what has been already stated, it will be evident that, although it is very necessary and highly desirable in every possible way to cure insanity when present, yet it is even of still more importance to prevent its occurrence at all, thus making true the old adage, "Prevention is better than cure," and therefore how essential is it to remove all predisposing causes. And as a man who has once been the occupant of a mad-house seldom regains his social position, therefore it is of the greatest possible consequence to place him under proper treatment at home.

If madmen must be mixed up together, and for the greater number of them, I do not see how it can be avoided, the most complete system of classification should be established, but where the circumstances of a patient will admit of it, he will be placed in a far better position when mixing with those who are rational, rather than with those who are insane. If classification be important in all stages, it is doubly so when convalescing, for, as was previously stated, how dreadful for a convalescent to see madness in every form around him.

x There is now one asylum, and there are being built.

Responsible attendants are very much needed, and persons of some education, and of a higher grade than those at present usually met with, are very necessary. I am persuaded that moral means are much more useful than even the apprehension of physical intimidation or coercive restraint, and I am equally certain that confinement in a mad-house is often apt to render chronic those symptoms which would otherwise be only temporary, and I would never send a person to an asylum, where he could afford to live out of it, unless he was dangerous to himself or to others, and not even then, except when the symptoms had become chronic—the disease confirmed.

The disclosures which have recently taken place as to the medical and general treatment of the insane, in the first Lunatic Hospital in this country, have sufficiently opened the eyes of the public, and it is now impossible but that important changes must be made. The medical attendance must be more systematic, more regular, more scrutinizing; therapeutic remedies must be more constantly employed, and when actually prescribed must be more regularly administered; the nurses, both male and female, must be under more perfect inspection.

The horrible treatment of those poor lunatics placed in a public establishment with the hope of their receiving the *best* advice and the kindest care, is now so thoroughly known throughout the kingdom, that I shall not harrow up my own feelings, nor those of my readers, by detailing any of those atrocities which appear to have been so commonly practised in the Royal Hospital of Bethlehem.

Placed in this metropolis, and with such funds at their disposal, the governors had the power of making this Hospital a model establishment. They could not only have commanded the best medical and surgical aid, but they might have ascertained that it was duly given; and as a working committee, and holding such a responsible trust, it was their duty to see that every office, however menial, was properly discharged. Such has not been the case, the governors of Bethlehem Hospital have not done their duty; the patients confided to their care, have been shamefully neglected, tyrannically, "brutally" treated, and, alas, but in too many instances, have been persecuted to, shall I add,

mocked in, the hour of death. I will not here attempt to describe the terrible effects of the garrotte, nor that fearful state of a gorged brain, necessarily so highly congested by the diurnal strangulating twist, as that the blood would burst from every pore; I will not allude to *mopping*, in a state of perfect nudity, with frigid water, and on the cold flag-stones, those delicate and daily emaciating females, who from their disease could even less resist the ordinary inclemency of winter than other women, and who, when dragged from beds of littered straw were subjected to such indecent, degrading, and barbarous ablution, and then left on these cold stones to dry!—and then were dressed!—It needs not the pen of a physician to say that this is not the way to treat the lunatic, to cure insanity, nor to describe what must result from such atrocities! A child replies, “’tis certain death!”

The mortality at Bethlehem has indeed been great; greater far than meets the public eye! Dying patients are discharged to die at home! and thus the registry of “deaths” is smaller than it should be; and it must never be forgotten, that all the patients received in Bethlehem are picked cases. Even before these painful disclosures, it struck me that disease ran a very rapid course in this Royal Hospital for curing the insane.

It is not long since a lady called and informed me that her brother-in-law, whom I had previously visited three times professionally, had by his friends been sent to Bethlehem, feeling that he would there have the benefit not only of good advice, but excellent attendance. Scarcely had a fortnight passed, when she again called, and told me her poor brother was dead. Amazed, I could not help exclaiming, “disease has indeed been rapid!”

Aware of many of the enormities practised towards the patients in public and even in private asylums, in 1846, when pleading for an alteration in the whole system regulating the lunatic, and recommending that the Government should assume direct control over all asylums, I was induced to offer, amongst numerous other suggestions, the following remarks:

“The abuses existing, both in public and in private institutions for the insane, have been but partially known; *the difficulty is very great in arriving at a correct detail of all the horrors attending lunatic asylums.*

“The system of admitting patients, and of mixing them together, even in those asylums where there is the best classification, is very defective; but some establishments

can only be considered as 'magazines and reservoirs to perpetuate insanity,' or 'nurseries and manufactories for madness.'

"There can be no doubt that, owing to the public attention having been strongly directed towards the treatment of lunatics, several of the abuses which were so common are being gradually removed : and those unfortunate creatures whose very helplessness demands increased care, comfort, and sympathy, are not so commonly treated as brute beasts. Indeed, in some of the County Asylums, those patients who formerly slept on straw, now have comfortable flock beds, and their happiness and comfort have been studied in various ways ; and the benefits resulting from this change are at once manifest. There is less noise and more personal cleanliness, the patients are more cheerful and much less violent, insubordinate, and dangerous, while the attempts at self-destruction, or at escape, have been wonderfully diminished. There is now more confidence placed by the patients in the medical and general attendants ; they are no longer regarded as tyrannical enemies, and their instructions and wishes are often at once obeyed with cheerfulness ; the consequence of all this is, that while there are fewer deaths, there are more recoveries, and the health of all the patients is materially improved.

"Lunatic asylums should no longer resemble gaols ; the iron barriers must be removed, and these, together with the handcuffs, manacles, and hobbles, must be melted into lamp-posts, that the light which they will transmit may not only add to the comfort of the patients by night, but will give an additional means of security, by enabling the attendants to see everything that is going on around them. The very fact of nervous and timid persons knowing that outside their rooms, in the corridor, the dreaded darkness and gloom are dispelled by cheerful light, has a very beneficial effect in calming and preventing their fears and apprehensions.

"No lunatic asylum should be built except upon the most approved principles, and in which air and light can freely enter ; for although, in incipient cases, it may often be necessary to modify the light, or even to partially darken a room, yet, upon the general mass of patients, light is now well known to be of essential benefit.

"Buildings for the insane should be specially constructed ; the mere adaptation of a house, however large, can never be rendered sufficiently commodious, and the attention of

Government should be directed particularly to this subject ; indeed the commissioners have already suggested that houses should be suitable, convenient, and well adapted, to *comfortably* receive the numbers for which they are licensed, especial care being taken that they are well aired, ventilated, and warmed ; also, that the patients should be suitably clothed, and sleep on comfortable beds, in properly furnished rooms ; and that the rooms in which they pass the day should be different from those in which they sleep at night ; a place being also set apart for exercise during wet weather."

"There can be but little doubt that errors will prevail, however strict the surveillance, *while lunatics can be made the subject of PROFIT ; remove this temptation, and you take away the chief source of the evil.* While *private* asylums are open for the reception of patients, and while the large sums gained by confining their unfortunate and helpless inmates can be realized, dishonesty will exist. It is for the interest of the proprietor to have as *many* inmates as can pay the required board, and also to detain them in his establishment as long as possible ; and there is reason to believe that numbers of persons who have convalesced, lapse into confirmed error, and subsequently become imbecile, because they have been unnecessarily mixed up with others holding more erroneous errors than themselves, and because, when actually recovering, instead of associating with those who are sane, they find themselves surrounded with everything irrational.

"When convalescent and requesting to return home, they are refused, and friends even then are often denied them. It would be impossible for me to detail the anguish without, and the despair within !—the friends pining to see their nearest relative ; that relative quite conscious, and feeling the ties which bind her to her friends, is wasting her strength, until hope departs, and despair at length weighs her down to the most desponding and depressing melancholy. Friends may now come, but 'tis too late—the thread is broken, the balance is outweighed, she walks in madness. Had hope been kept alive, she might have journeyed on some few months more in distant expectancy ; but to her soft appeal, too oft repeated for the rude ears it met, whether she might soon see her mother ? the cruel answer of a heartless keeper, disclosed in terms too plain its utter hopelessness, and with one loud shriek her cry goes up to heaven.

"All lunatics should be placed under the control of the Lord Chancellor ; and if everything connected with the

insane, even as to its minutest detail, were subjected to the authority, regulation, or approbation of the high functionary appointed by the Crown, a great improvement would soon take place.

“To have lunatic asylums supported by Government, under its immediate control, and with medical officers and attendants receiving their emoluments from the same source, no one connected with the establishment deriving any interest whatever from the patients—here all *temptation* to detain a convalescent, or to receive an improper case, is at once removed; and, in the event of any irregularity occurring, the officer whose duty it was to prevent it should be liable to be at once dismissed: this power of dismissal, to a certain extent, explains how all the formalities and punctilios connected with various offices under Government are so rigidly exacted and sustained.”

And early in the following year I again drew attention to the subject as follows:—

“I cannot conclude without again drawing attention to the importance of at once putting a stop to the TRADING IN LUNATICS. I wish strongly to urge on all who are philanthropically inclined the vital importance of this subject. Malice does sometimes cause an individual to be improperly detained in an asylum, but this is not of frequent occurrence; whereas selfish motives—interest—have caused the incarceration of thousands. Remove the *temptation*, take away the PROFIT, and the evils will be at once diminished a hundred-fold.

“Let all lunatic asylums be under the direction of Government, paupers being paid for by their respective counties, and those in humble or more affluent circumstances paying in proportion to the accommodation, the comfort, or the luxuries required; let no fee or emolument whatever be given to any of the establishment, as they should derive their income or salaries from the Government, to whom they should be responsible.

“A certain number of attendants or nurses, both male and female, should be educated at these establishments, who would be ready, on proper application, to go out and attend those cases for which their assistance was required. Even here it would be unwise to allow these attendants to derive their means of support directly from the patient, but they should receive a reasonable allowance for their services from the State; it being only just, and at the same time judicious, to increase their salaries for good conduct or prolonged service.

“Responsible attendants are very much needed, and persons of some education, and of a higher grade than those at present to be met with, are very necessary. I am persuaded that moral means are much more useful than even the apprehension of physical intimidation or coercive restraint, and I am equally certain that confinement in a mad-house is often apt to render chronic those symptoms which would otherwise be only temporary; and I would never send a person to an asylum, when he could afford to live out of it, unless he was dangerous to himself or to others, and not even then except when the symptoms had become chronic—the disease confirmed.

“It may be said that there would be great difficulties to overcome before the public would be sufficiently enlightened as to enable or urge the Government to undertake the responsible charge of superintending lunatics; but, if the evils connected with the system as it exists were more minutely detailed and more diffusively circulated, the public mind would soon be alive to the necessity of a speedy alteration. We, as Englishmen, are humane; we, as Englishmen, are rational; we can hear reason, we are anxious for the investigation of truth; we are most desirous to see justice, happiness, and contentment to pervade all classes; and it is a characteristic—a grand characteristic of this country—to shake off anything like oppression. Freedom is our watchword; if, then, so anxious that we should ourselves have liberty, why should we allow a lunatic to bear a heavier yoke of oppression than is to be met with throughout the land? Why should we permit those from whom Providence has in wisdom removed a portion of their reason to be treated worse than brutes, degraded more than felons? Those who demand our greatest sympathy, who are unable properly to take care of themselves, are but too frequently left to the tender mercies of hirelings, who, having been accustomed to such scenes of woe and of ill treatment, are doubly hardened.

“To this day it is but too common, that, when a patient becomes maniacal, an application is made to an asylum, two or three keepers are sent, who would themselves be more than sufficient to restrain the excited man, if they possessed prudence or judgment; but they prefer the easier mode of coercion, intimidation, and force, and place a strait-waistcoat with sundry straps to guard against the occurrence of any danger, which might have been equally well prevented by increased vigilance.

"I feel convinced that it is only necessary for the people of England to know of the evils connected with the treatment of lunatics, to know of the abuses connected with the system, to know of an effectual way not only of checking but of almost altogether preventing the many enormities which have been detailed, and with such knowledge, possessing such information, and with philanthropic zeal, they would as with one voice demand not only the inquiry, but the remedy for so much abuse.

"This is no party question; it is for the benefit of the community at the expense, or probable loss, of the proprietors of lunatic asylums. It is a question from which no senator should shrink, for he himself, ere a few months more have passed away, may be numbered amongst those who require protection. But, should the members themselves feel any apathy respecting this momentous question, the information which may be spread by faithful and well-digested articles, and by lecturing at the various scientific institutions throughout the country, will so stimulate the people that they will cry out aloud for justice; and be it remembered that such an appeal is never made in vain. And here there is no prejudice to remove, no weakness to combat; all that is wanted is to afford *information*, for there is a general ignorance throughout the country upon everything connected with lunacy. And this arises from the fact, that persons who have lunatic friends never speak of them; they—shall I say it?—banish them; and so it happens that even those the most interested in such inquiries utterly neglect them. But because friends leave their suffering relatives to the tender mercies of keepers, or those having no special interest in them, that is a double reason why the Government should take care that efficient aid and kind treatment are ensured to those helpless beings who are so much neglected.

"I very much prefer that these institutions should be under the control of Government, rather than be directed by a committee of Proprietors; and, without at present going farther into the matter, I content myself with stating that, if for no other reason, yet it is desirable on account of the uniformity of system and regulation which would then result, for I very much question whether it would be possible within twenty years to establish proprietary institutions universally throughout the land; but the moment a bill had passed, enabling the Government to assume the control and direction of all lunatic asylums, then the amelioration would

very soon commence, and, within a short time, the poorest lunatic pauper would begin to benefit."

Now, in recommending that the Government should have the control and direction, I do not mean that all the medical and general officers should be by them selected, or that the buildings, and financial matters in general, should be arranged and carried out by them, but I do think it highly desirable that reports of proceedings should be made to the Lord Chancellor, or to the Home Secretary. This, however, is not the point upon which I am at present most urgent; what I require to know is, are lunatics to be made the subject of PROFIT? Is the temptation of detaining a convalescent in a lunatic asylum *longer than is necessary* to be tolerated? Are we ever, even to be able to hold one moment's suspicion that a person can be improperly received into an asylum, when not insane? Is it right to allow such a temptation to dishonesty? The details can be easily carried out and arranged, when it has once been settled, once decreed, THAT NO LUNATIC SHALL BE MADE THE SUBJECT OF PROFIT. I know very well there are proprietors of private asylums in this country who would be an ornament to any society, who are really honest, upright, conscientious, and humane men, but I also know there are exceptions—I know what human nature is—I know also what it is to touch the pocket of a man.—Let those who doubt, interfere with the *interest* of any man, or of any class of men, and they will soon be convinced that money is but too often man's dearest possession, more coveted even, than fame or honour.

Again, I can imagine a proprietor stating, "It is impossible now to receive into an asylum an improper case;" to him I would reply, HAVE NOT THE COMMISSIONERS WITHIN THE LAST TWELVE MONTHS RELEASED MANY SUFFERERS FROM CONFINEMENT? And, *are* THERE NOT AT THIS MOMENT NUMBERS OF LADIES AND OF GENTLEMEN, PERHAPS NOT EVEN ECCENTRIC, SHUT UP AND KEPT IN PRIVATE HOUSES, AND COMPELLED DAILY TO ASSOCIATE WITH THOSE ACTUALLY INSANE?

Again, how are private patients treated in these asylums? Think you that ample grounds, a noble hall, that drawing-rooms adorned with every elegance, that bed-rooms furnished with every comfort, that these necessarily ensure kind, humane, and scientific treatment to a patient? I believe there is often as much cruelty in such an establishment as that so recently exposed at Bethlehem Hospital.

A short time since, a distinguished surgeon in this metropolis, holding some of the highest official positions, re-

quested me to accompany him into the country to see a friend, who, I believe, was also a distant connexion, then in confinement ; the patient not having progressed, but rather retrograded, the relations were becoming uneasy. We found him in a very spacious and well furnished room, highly excited, and in a state of frenzy. Immediately I saw him, I was convinced that he was not properly managed ; there not being efficient moral control—and on pressing my inquiries, I was dissatisfied also with the medical and hygienic treatment. I then inquired, what is that mark upon his nose ? And how is it, he has that black eye ? The keeper replied, he had knocked them against the bed-post ! I re-requested to see his arm, it was bruised all over ! I then examined both his legs, and found general ecchymosis. This was accounted for by his violence when in bed ! Having prescribed for the poor sufferer, we left, and while returning home, and talking over the case, I said to my friend, *If you do not remove that patient he will never recover ;* and I advised him to recommend the relations to send him to the care of a most humane physician, whom I have never seen, but whose name I well know. What was the result ? The patient was sent to the place suggested, *and within two months returned home to his friends, CURED.* I can have no interest in saying it, but my firm, positive, honest, conviction is, that had that poor, afflicted, injured patient remained where I saw him, that he would have been to this day a maniac ! or by this time might have lapsed into a paralytic imbecile, and been then regarded by the proprietor of the asylum, AS AN ANNUITY !!

No one can estimate the joy, and pride, and pleasure I felt when informed that the patient we had left, was now again restored to his family in health and reason. I had received no fee, and would accept of none. I had no pecuniary interest in the matter, but I experienced that delight which no money can purchase.

Why are these facts mentioned ? Not for the sake of occupying a few moments' passing interest, but that every one may be induced to inquire into the subject. All lunatic asylums must be subjected to CONSTANT SURVEILLANCE ; those containing the poor as well as the rich, *the lunatic must be specially protected ;* but, in addition, it will be essential to DO AWAY WITH PRIVATE ASYLUMS ; no man must be permitted to have a direct interest in either fostering or perpetuating insanity.

I do not agree with those who consider it to be sufficient

to remove the civil responsibility of a proprietor in receiving an improper case, or in retaining a patient when convalescent too long, by simply transferring the onus of *reception* and *dismissal* upon the commissioners, because a door is here left open for fraud. The commissioner has no pecuniary object in the matter, and therefore cannot be supposed to err willingly ;—but how different is the position of the proprietor ?

Hear what a recent writer upon this subject, Mr. Dickson, states, himself the resident medical superintendent of a large lunatic hospital :—

“On visiting the patients in an asylum, there is often great difficulty in discriminating between the appeals of the insane and the sane, and even of judging if the absence of complaint is the result of insanity or imbecility, or of fear, or of the apathy induced by lengthened confinement in the same place, and the necessary dependence upon the untested and uncontradicted entries and verbal statements of proprietors—clearly showing, that orders and certificates once signed, the only chance of release for the confined, whether then or subsequently sane, rests upon the examination of commissioners or visitors, and it is quite possible, notwithstanding their visits, for the sane to remain hopelessly confined.”

What a statement, and yet how true!! *Rests upon the examination of commissioners or visitors, and it is quite possible, NOTWITHSTANDING THEIR VISITS, FOR THE SANE TO REMAIN HOPELESSLY CONFINED !*

I feel so unwilling to add anything to these remarks which may for one moment draw off the attention from the main point in question, that I have resolved to place in an appendix a few ideas and hints respecting lunatic asylums, and the laws regulating their management and control, and I do so because I know how gladly interested persons would avail themselves of the opportunity of blinking the real question ; and the two points I wish to force upon their attention, and upon the attention of every other individual, are these,—

1st. That the Commissioners in Lunacy should have the power of entry wherever there are lunatics, and that their visits should be *frequent*, vigilant, searching.

2nd. That no lunatic should be superintended and boarded *for* PROFIT ; and that no proprietor of any house or of an asylum should have a direct interest in either fostering or in perpetuating insanity.

APPENDIX.

It is essential that the Commissioners in Lunacy should at all times have the right of entry and of surveillance, *wherever* there are lunatics.

Each county should have, for the reception of incipient and of curable cases of insanity, one or more Pauper Lunatic Hospitals; the number depending on the size of the county, and on the proportion of lunatics. The buildings should be specially constructed with every modern improvement; if built to accommodate more than 100 patients, the edifice should consist of so many different wings, perfectly detached from each other; there being two wings for 200 patients, three wings for 300, five wings for 500.

That each wing should, in addition to nurses and attendants, have a resident physician or surgeon; it being impossible that any medical man can efficiently attend to more than 100 patients daily.

That a minute registry be kept of the medical, general, and hygienic treatment of each patient, who should be visited by the medical officer twice at least in the twenty-four hours.

That a resident clinical clerk be allowed to each medical attendant; this would afford a future supply of well educated and experienced medical superintendents.

A chapel should form a central building, connected by a corridor with each wing; and the patients, who were able so to do, should daily attend morning and evening service; this having been found, by experience, to be of great benefit in curing the insane.

That a portion of the building should be specially appointed for the reception of old, chronic, incurable, and paralytic cases.

In addition to these Pauper Lunatic Hospitals, each county should possess Private Establishments for the insane, also constructed upon the most scientific plans, and with every accommodation; and as the classes of patients would vary very much as to rank, it is desirable that these Asylums should not be so large as the Hospitals for the poorer order of patients. Twenty, thirty, or forty inmates would be sufficient; there would consequently be several establishments throughout the county; the accommodation of some of these might be so adapted as to permit of patients being received at £50 a year, perhaps even less, others at £100, and so progressively advancing to £1,000 per annum, which would of course command proportionately greater comforts, luxuries, and extra attendants and servants.

Let it not be thought the counties would be saddled with extra expenses and increased rates; the establishments would amply pay, and yield even a handsome profit, so that after a few years the charges might be considerably diminished.

I have heard it said that the friends of insane patients would not then "feel it to be so private, that their family afflictions would be more exposed, more known." This is chimerical; in fact, greater order, regularity, and privacy would exist under the new system.

It might also be urged, that the friends of patients might not like to confide their relations to the care of those medical attendants resident in their own county; or at any rate, that they might place more confidence in some other physician or surgeon in another county; such opinions and wishes would not ordinarily occur, because each resident officer would be specially selected by the Lunacy Board; but I do not conceive there would be the least difficulty in permitting friends to select any asylum they might prefer throughout the whole country; and it can scarcely be doubted but that many of the best physicians and surgeons, now the proprietors of asylums, would very gladly accept the new official appointments, the more especially as such positions should be made not only honourable but valuable. The profession must no longer be treated with a niggardly hand; medical officers must be adequately remunerated.

In order accurately to distinguish the two classes of Establishments, those where patients are received and boarded at the expense of the county, should be termed "The County Lunatic Hospitals," while the buildings adapted for those who pay should be called, "The County Asylums," or, if considered preferable, they might receive the ordinary names of "Park Villa," "Grove House," &c.

It would be manifestly inexpedient to place all classes under one roof; but by having several private Establishments throughout the County, the "Board" would at once be able to advise as to

which house would be preferable for each particular case; taking age, rank, peculiar form of disease, and other minute circumstances into due consideration, and consequently they would be able to advise the patient's friends as to the most eligible residence for each individual.

I also hold it to be highly desirable that asylums should be specially adapted for each sex; considering it to be manifestly inexpedient that ladies and gentlemen (*who are really insane*) should be daily meeting each other at the table, in the gardens, and in the grounds; and I believe considerable mischief has resulted where this practice has been permitted.

Criminal lunatics should be placed in one State Lunatic Hospital, and should never be allowed to be under the same roof with ordinary patients; they should be entirely under the control of the Secretary of State for the Home Department, who would, of course, gladly avail himself of the experience and advice of the Commissioners in Lunacy.

It is perhaps unadvisable that any one should be permitted, *for the sake of profit*, to receive a lunatic into his house, but it must be imperative that no individual should *for profit*, under any pretence whatever, have more than one lunatic, at the same time, under his roof; should it, however, after deep reflection, be considered justifiable to allow any one, previously authorised by the Commissioners in Lunacy, to receive, board, and superintend a lunatic, that a minute report of the name, age, qualification, place of residence, &c., &c., be sent to the Commissioners within twenty-four hours of the date of reception, the neglect of such order to be treated as a misdemeanour.

Once admit the necessity of *abolishing the present* asylums, and there will be no difficulty in carrying out even the minute details for arranging Public Institutions; it will indeed be as easy to form local Boards, as it now is for the various Insurance Offices to appoint their provincial directors and agents.

It is quite clear that the local Boards must report to some one, and it matters little whether it be to the Lord Chancellor or to the Home Secretary; in either case there will necessarily be a proper check to any irregularities. The Commissioners in Lunacy will, of course, henceforth exercise *even more scrutiny*; their visits will be more frequent, more searching, and they will continue to enforce those salutary restrictions and enactments which have been framed with so much wisdom.*

* The editor or the reviewer of the *Psychological Journal*, however, is of a different opinion, he seems to fear, that very soon "the medical superintendent will be a mere *nonentity*, a puppet in the hands of the Commissioners, an *automaton*, a *dummy*, in fact, a *SHAM*, (so printed in the original); for, although *nominally* the proprietor and director of his *own* establishment, he is to be virtually powerless and paralyzed, divested of the liberty of thinking and acting in accordance with his own judgment!"

But, however, as I have before stated, my more immediate object has been, not so much to recommend the particular plan of regulating public Establishments, as it has been to draw public attention to the necessity, the absolute necessity, of *altogether abolishing private Lunatic Asylums*.

FINIS.

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"'Insomnia or vigilantia' he says, 'are generally the precursors, and but too frequently the constant concomitants of those suffering from insanity;—nay, the very disease itself appears often to depend on this insomnolent condition; so that, if sleep can be artificially induced, the threatened affliction may be retarded or even altogether prevented.'

"Dr. Williams has devoted two-thirds of his volume to the treatment of insanity, general and therapeutic, and has in detail considered and discussed the merits, uses, and effects of the various therapeutic agents in general use, weighing their claims, and awarding their value. We cannot follow him through this most useful portion of his work; but it is pleasing in these days, when the value of medicinal agents has been doubted, and expectant medicine with the mystery of the globules, so dishonestly vaunted, to find the direct value of therapeutic agents so clearly shown.

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Improving the Condition of the Insane ;

AND

THE PRIZE ESSAY

ENTITLED

THE PROGRESSIVE CHANGES WHICH HAVE TAKEN PLACE
SINCE THE TIME OF PINEL

IN THE

MORAL MANAGEMENT OF THE INSANE

AND THE VARIOUS CONTRIVANCES WHICH HAVE BEEN ADOPTED
INSTEAD OF

MECHANICAL RESTRAINT.

BY

DANIEL H. TUKE, M.D.

Assistant Medical Officer to the York Retreat, &c. &c.

TOGETHER WITH

A SHORT ABSTRACT OR CLASSIFICATION OF CASES CONTRIBUTED BY
SIR ALEXANDER MORISON, M.D.

LONDON :

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1854.

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TO
EDWARD WYNDHAM, Esq.,
Esq. &c. &c.,
PRESIDENT.

SIR,

It affords me no small gratification to be the medium of dedicating this small volume to you, and to express the thanks and sincere regard of the Members for the regular and zealous interest you take in promoting the advantages of the Society.

The Essay by Dr. TUKE (to whom was awarded the Prize of Twenty Guineas) has been considered worthy of publication, and with it the Rules and List of our present Members are herewith appended for more extensive circulation.

Since the last volume of Essays was published, the Society has lost some of its most efficient members, and among them the late Right Hon. LORD SHAFTESBURY, your predecessor in office, whose regularity of attendance and applicability to business, (in a matter in which his Lordship took a very great interest,) added so much distinction to it, though hitherto conducted as a private Society.

The Awards given by the Society for meritorious conduct to Attendants upon the Insane, cannot but produce a most favourable result, and it is ardently to be wished that the funds were such as would admit of an increased number.

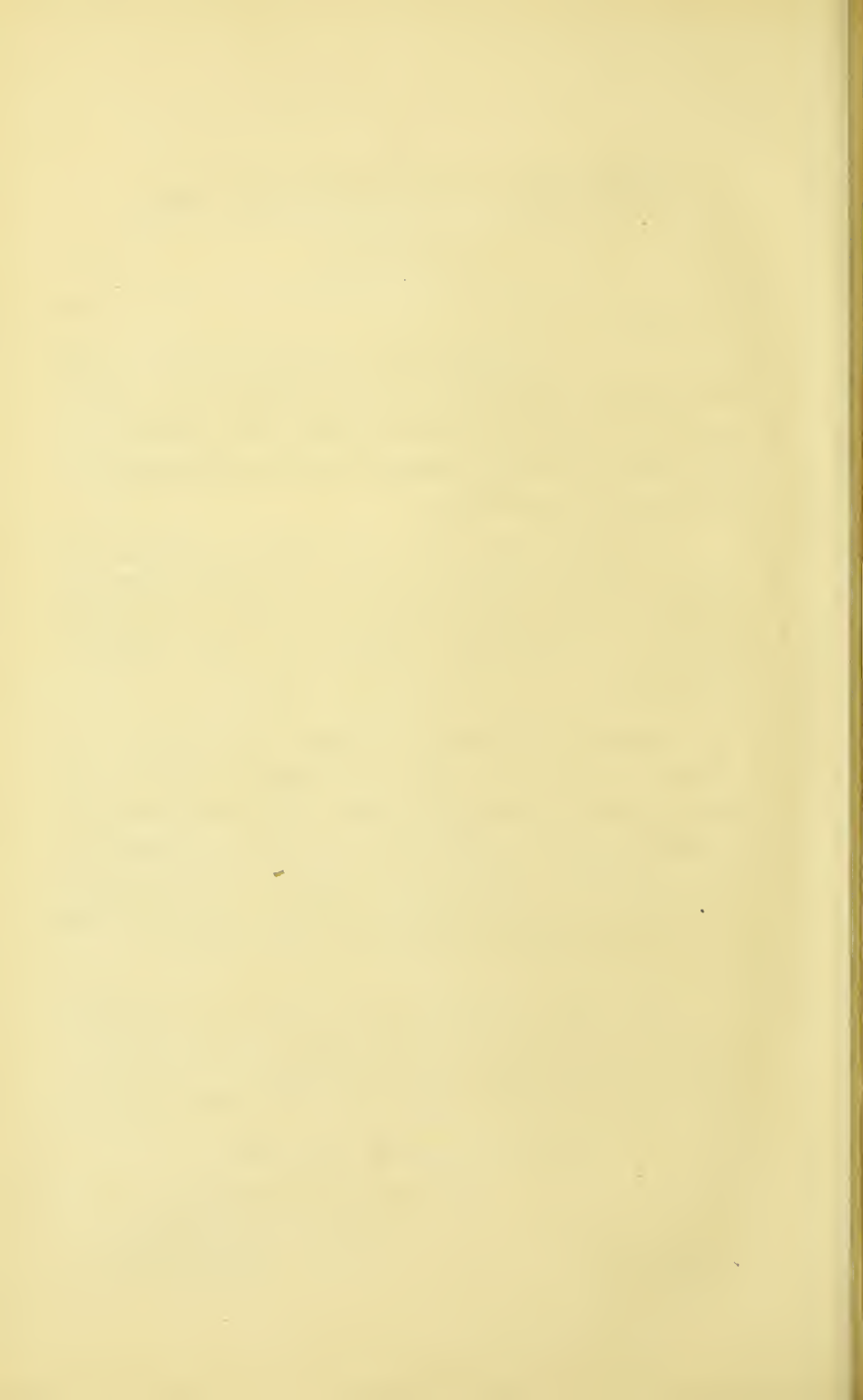
I have the honor to remain, SIR,

Your most obedient Servant,

JOHN C. SOMMERS,

Honorary Secretary.

June, 1854.



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R U L E S
OF
THE SOCIETY FOR IMPROVING THE CONDITION OF
THE INSANE.

INSTITUTED IN 1842 BY THE LATE RIGHT HON. THE EARL OF SHAFTESBURY.

President.—EDWARD WYNDHAM, Esq.

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RULES, &c.

THE SOCIETY FOR IMPROVING THE CONDITION OF THE INSANE has been instituted for the purpose of enquiring into the present state of Insanity, and of collecting facts relative to its nature, causes, and treatment, and also for the purpose of endeavouring to improve and alleviate the condition of the Insane, by raising the character of their attendants.

The Society proposes to effect these objects by the following means :—

1st.—By inviting those who may in any way be connected with the subject of Insanity to favour the Society with their correspondence.

2ndly.—By annually offering Premiums for Essays on some subjects relative to Mental Diseases, to be sent into the Society.

3rdly.—By annually offering Premiums to those Attendants on the Insane who shall produce Testimonials of Meritorious Service.

The Society shall consist of a President, Vice-Presidents, a Treasurer, an Honorary Secretary, and an unlimited number of ordinary and Corresponding Members.

The ordinary and Corresponding Members shall be elected by Ballot

The Ballot shall take place at the ordinary Meeting succeeding that upon which the Candidate was proposed, provided six Members be present. Two black balls shall exclude.

Each Member shall pay an Annual Contribution of One Guinea, which may at any time be compounded for by paying Ten Guineas.

The Annual Contribution shall become due upon the first day of January in each year, in advance.

When a Member shall be one year in arrear in the payment of his Annual Contribution, the Treasurer shall forward to such Member a letter requesting the payment of his Contribution.

If the arrears be not paid within six months after the forwarding of such letter, the Treasurer shall report such default to the next Meeting of the Society, and the Society shall use its discretion in omitting the name of such Member from the list.

Any Member shall be able to withdraw from the Society, by signifying his wish to do so by letter, under his own hand, addressed to the Secretary of the Society. Such Member shall, however, be liable to the Contribution for the year in which he signifies his wish to withdraw, and shall continue liable to the Annual Contribution until he shall have discharged all sums due to the Society.

The ordinary Meetings of the Society shall be held upon the first Wednesday in the months of December, February, April, June, and August.

Business shall commence at eight o'clock, p.m., precisely, when the Minutes of the preceding Meeting shall be read.

The Business of the ordinary Meetings shall be to read the Minutes of the preceding Meeting, to propose and ballot for Members, and to read and discuss such communications relative to the subject of Insanity as have been approved by the preceding Meeting.

In all Meetings of the Society three shall form a quorum.

All questions shall be decided by vote, unless a ballot be demanded, and the decision of a majority of Members shall be considered as the decision of the Meeting, the President or Chairman having in all cases of equality a casting vote. The Treasurer has special charge of all accounts, and shall see to the collecting of all sums of money due to the Society; and he shall report to the Society from time to time the names of all such Members as shall be in arrear, together with the sums of money respectively due by each. In concert with the Honorary Secretary, he shall keep a complete list of the Members of the Society, with the name and address of each accurately set forth, which list, with other books of account, shall be laid on the table at every ordinary Meeting of the Society.

He shall also pay all accounts due by the Society, so soon as they have been examined and approved of by the Society.

The Honorary Secretary shall have a general charge of all the arrangements, and of the execution of all the orders

of the Society. He shall conduct their correspondence, attend their Meetings, take minutes of their proceedings during their progress; he shall, at the ordinary Meetings, read the original papers communicated or letters addressed to it; and he shall also make abstracts, when considered of importance, of the papers read at the ordinary Meetings, to be inserted in the Minutes.

Every paper which may be presented to the Society, shall, in consequence of such presentation, be considered as the property of the Society, unless there shall have been some previous engagement with its author to the contrary; and the Society may publish the same in any way, or at any time that it may be deemed proper.

But should the Society refuse or neglect, within a reasonable time, to publish such Papers, the authors shall have a right to copy the same, and publish it under their own directions. No other person, however, shall publish any Paper belonging to the Society without their previous consent.

THE PRIZE ESSAY

ENTITLED

THE PROGRESSIVE CHANGES WHICH HAVE TAKEN PLACE SINCE THE TIME
OF PINEL IN THE

MORAL MANAGEMENT OF THE INSANE,

AND THE VARIOUS CONTRIVANCES WHICH HAVE BEEN ADOPTED INSTEAD OF
MECHANICAL RESTRAINT.



INTRODUCTORY REMARKS.

OUR object in the following Essay is to present, in a dispassionate manner, the facts relative to the history of “the progressive changes which have taken place since the time of Pinel in the Moral Management of the Insane, and the various contrivances which have been adopted instead of Mechanical Restraint.”

Of the Non-Restraint System we wish to be the impartial historians and not the one-sided advocates. The subject in the minds of many enlightened men continues to be *sub judice*—a question open to more extended experience. It is necessary, therefore, not to assume too much, either as to the settlement of the question in the public mind, or as to the reality of those improved methods of treatment which are stated to have superseded the necessity for personal restraint. Nor, we must confess at the outset, shall we assume, in accordance with the tone adopted by some writers, that the use of restraint is necessarily synonymous with barbarity, or that its abolition in any given asylum, necessarily pre-supposes that kindness and moral means are alone employed; we are all working in a common cause, and nothing will be gained, but much lost, if one party brand the other with the character of inhumanity, and confound cruelty with a difference of opinion as to the means best adapted for repressing the outbreaks of maniacal passion.

With respect to the arrangement of the Essay, we propose—first to point out the condition of the insane in

France at the time of and shortly previous to Pinel—to state what he accomplished—and to specify particularly the extent to which he considered mechanical restraint necessary. We shall then trace the history of the treatment of the insane on the Continent subsequently, as illustrated by the works of Esquirol, Georget, Scipio Pinel, Voisin, Falret, &c. &c. We shall, at the same time, describe the means adopted by these eminent men in repressing the insane—but shall more especially treat of the substitutes for restraint in a separate chapter.

Leaving the Continent, we shall pursue the same plan in regard to England—refer to the condition of the insane in that country at the era of Pinel—and trace the progress which took place in their treatment, particularly in reference to the Non-Restraint System. Reference may also be made to the American Asylums.

Lastly, we shall enter into detail with regard to the “contrivances,” whether of a general description, or more strictly of a mechanical character, which have been resorted to as substitutes for personal coercion.

CHAPTER I.

To comprehend fully the changes which have taken place in the moral management of the insane, and to realize their importance it is necessary to form a clear conception of their condition in respect of moral management at the period when Pinel flourished.

Previous to the Revolution, the monk was the madman’s physician, and the convent was his asylum. It is not to be doubted that, in some instances, he was humanely treated, but there is abundant evidence to show that the ordinary

mode of treatment was to the last degree cruel and inhuman. Whether by these monks the insane were regarded as the subjects of demoniacal possession, and the idea was entertained of beating the evil spirit out of them, we will not determine ; but whatever was their theory as to the *modus operandi* the fact is indubitable, that in some establishments at least, the practice consisted in the daily administration of about a dozen lashes to each unfortunate patient ! Indeed, the simple enumeration of the means employed to tame the fury of the maniac, whether on the Continent or in England, would subject the historian to the charge of gross exaggeration from a stranger to the actual history of insanity at this period. The practice of flogging has been mentioned ; the maniac was almost constantly chained, and frequently was in a state of entire nudity ; he was consequently filthy in the extreme. Often placed in a cage of iron, each revolving year still found him, crouching like a wild beast immured within his wire-bound cell, “ the dim-eyed tenant of the dungeon gloom ”—his limbs moulded to one position, and whatever of mind or feeling remained, crushed to its lowest pitch by changeless monotony, or maddened by intolerable despair. But whips and fetters were not deemed sufficiently ingenious. Chairs were employed, so constructed, that all movement of the limbs was prevented, and others were devised to whirl round the patient at a furious speed in order to produce extreme vertigo and sickness ; “ muffling ” was also a frequent practice, by which was meant, covering the mouth and nose very closely with a cloth, in order “ to see if it would quiet them.” German writers proposed drawing the patient up to the top of a tower, and then letting him suddenly plunge down—thus giving him the impression of entering a cavern. The bath of surprise was another very favourite

“remedy,” in which the patient found himself submersed and in danger of suffocation.

These and numberless other means of repressing the maniac were employed apparently under the sincere conviction that the treatment of the insane was likely to be effective, in proportion as it contemplated them as wild beasts and fiends.

“The whole history of the world,” says Lord Ashley, “until the era of the Reformation does not afford an instance of a single receptacle assigned to the protection and care of these unhappy sufferers, whose malady was looked upon as hardly within the reach or hope of medical aid. If dangerous, they were incarcerated in the common prisons; if of a certain rank of society, they were shut up in their houses under the care of appropriate guardians. Chains, whips, darkness, and solitude were the approved and only remedies.”*

Such then was the recognised treatment of insanity in Europe sixty years ago—the era of the liberation of fifty-three of the inmates of the Bicêtre. We must, however, mention the circumstance that six years previously (1786) Tenon wrote a work on the Paris Hospitals and Asylums, in which he directed the attention of his readers to the necessity of the better accommodation and more humane treatment of the insane. He also visited England, with a view to obtaining information on the subject. And in 1791, the Duc de la Rochefoucauld made a Report to the Assembly of the miserable condition in which the insane were placed. And even prior to these good men, St. Vincent de Paul, who had obtained the character of being “the father of the poor, the steward of Providence,” advocated the cause of the lunatic, and entertained juster views of the nature and treatment of his malady.

* Speech in the House of Commons, 1845.

But to Pinel is undoubtedly due the immortal honour of having practically established the superiority of kind over barbarous methods of treatment, and of having abolished the odious system in vogue to which we have referred.

It will be then our purpose to state the reformation which Pinel effected, and then to review the successive changes which have taken place since his era.

The account of Pinel's great act is indeed well known, but our task would be incomplete if we did not introduce it here.* Towards the end of 1792, Pinel, after having many times urged the Government to allow him to unchain the maniacs of the Bicêtre, but in vain, went himself to the authorities and with much earnestness and warmth advocated the removal of this monstrous abuse. Couthon, a Member of the Commune, gave way to M. Pinel's arguments, and agreed to meet him at the Bicêtre. Couthon then interrogated those who were chained, but the abuse he received, and the confused sounds of cries, vociferations, and clanking of chains in the filthy and damp cells, made him recoil from Pinel's proposition. "You may do what you will with them," said he, "but I fear you will become their victim." Pinel instantly commenced his undertaking. There were about fifty whom he considered might without danger to the others be unchained, and he began by releasing twelve, with the sole precaution of having previously prepared the same number of strong waistcoats with long sleeves, which could be tied behind the back if necessary. The first man on whom the experiment was to be tried was an English captain whose history no one knew, as he had been in chains forty years. He was thought to be one of the most furious among them; his keepers approached him with caution as he had in a fit of fury killed one of them

* *Vide* "British and Foreign Medical Review." No. 1.

on the spot with a blow from his manacles. He was chained more rigorously than any of the others. Pinel entered his cell unattended, and calmly said to him, "Captain, I will order your chains to be taken off and give you liberty to walk in the court if you will promise me to behave well and injure no one." "Sir, I promise you," said the maniac; "but you are laughing at me; you are all too much afraid of me." "I have six men," answered Pinel, "ready to enforce my commands, if necessary. Believe me then, on my word, I will give you your liberty, if you will put on this waist-coat." He submitted to this willingly without a word; his chains were removed and the keepers retired, leaving the door of the cell open. He raised himself many times from his seat, but fell again on it, for he had been in a sitting posture so long that he had lost the use of his legs; in a quarter of an hour he succeeded in maintaining his balance, and with tottering steps came to the door of his dark cell. His first look was at the sky, and he cried out enthusiastically, "How beautiful!" During the rest of the day he was constantly in motion, walking up and down the staircases, and uttering exclamations of delight. In the evening he returned of his own accord into his cell, where a better bed than he had been accustomed to had been prepared for him, and he slept tranquilly. During the two succeeding years which he spent in the Bicêtre, he had no return of his previous paroxysms, but even rendered himself useful, by exercising a kind of authority over the insane patients, whom he ruled in his own fashion.

The most unfortunate being whom Pinel visited was a soldier of the French Guards, whose only fault was drunkenness; when once he lost self command by drink, he became quarrelsome and violent, and the more dangerous from his great bodily strength. From his frequent excesses

he was discharged from the corps, and he had speedily dissipated his scanty means. Disgrace and misery so depressed him that he became insane; in his paroxysms he believed himself a general, and fought those who would not acknowledge his rank. After a furious struggle of this sort, he was brought to the Bicêtre in a state of the greatest excitement. He had now been chained for ten years, and with greater care than the others, from his having frequently broken his chains with his hands only. Once when he broke loose he defied all his keepers that entered his cell until they had each passed under his legs; and he compelled eight men to obey this strange command. Pinel in his previous visits to him, regarded him as a man of original good nature, but under excitement, incessantly kept up by cruel treatment; and he had promised speedily to ameliorate his condition, which promise alone had made him more calm. Now he announced to him that he should be chained no longer, and to prove that he had confidence in him, and believed him to be a man capable of better things, he called upon him to assist in releasing those others who had not reason like himself; and promised, if he conducted himself well, to take him into his own service. The change was sudden and complete. No sooner was he liberated than he became obliging and attentive, following with his eye every motion of Pinel, and executing his orders with as much address as promptness; he spoke kindly and reasonably to the other patients, and during the rest of his life was entirely devoted to his deliverer. "And I can never hear without emotion," says Pinel's son "the name of this man, who some years after this occurrence shared with me the games of my childhood, and to whom I shall feel always attached."

In the next cell were three Prussian soldiers who had

been in chains for many years, but on what account no one knew. They were generally calm and inoffensive, becoming animated only when conversing together in their own language, which was unintelligible to others. They were allowed the only consolation of which they appeared sensible—to live together. The preparations taken to release them alarmed them, as they imagined the keepers were come to inflict new severities; and they opposed them violently while removing their irons. When released, they were not willing to leave their prison and remained in their habitual posture. Either loss of intellect or grief had rendered them indifferent to liberty.

Near to them was seen an old priest who was possessed with the idea that he was Christ. His appearance indicated the vanity of his belief: he was grave and solemn: his smile soft, and at the same time severe, repelling all familiarity; his hair was long, and hung on each side of his face, which was pale, intelligent and resigned. On his being once taunted with a question, that if he was Christ, he could break his chains, he solemnly replied "*Frustra tentaris Dominum tuum.*" His whole life was a romance of religious excitement. He undertook on foot a pilgrimage to Cologne and Rome, &c. On his confinement in the Bicêtre his hands and feet were loaded with heavy chains, and during twelve years he bore with exemplary patience this martyrdom as also constant sarcasms. Pinel did not attempt to reason with him but ordered him to be unchained in silence, directed at the same time that every one should imitate the old man's reserve, and never speak to him. This order was rigorously observed, and produced on the patient a more decided effect than either chains or dungeon: he became humiliated by this unusual isolation and after hesitating for a long time gradually introduced himself to the society of

the other patients. From this time his notions became more just and sensible, and in less than a year he acknowledged the absurdity of his previous prepossessions, and was dismissed from the Bicêtre.

In the course of a few days Pinel released fifty-three maniaes from their chains; among them were men of all conditions and countries. The result was beyond his hopes. Tranquillity and harmony succeeded to tumult and disorder, and the whole discipline was marked by a regularity and kindness which had the most favourable effect on the insane themselves, rendering even the most furious more tractable.

But while thus liberating the lunatic from his iron fetters, it must not be supposed Pinel instantly realized to the full extent, the degree to which the insane may be allowed liberty of action. Mechanical restraint he judged necessary, in a considerable number of cases where it would now be considered reprehensible to employ it. He could not at once change the prison-like aspect of their abode; nor was it in the nature of things, had it been in his power, to erect a building immediately, which should be in unity with those principles of humane treatment which he had adopted.

The conclusions at which he arrived after his experience at the Bicêtre, &c., will best be understood by the following extracts from his work on the subject.

He states, in speaking of a soldier who for some time had been insane and was suddenly seized with a vehement desire to join his regiment, that all fair means to appease him being exhausted, *coercive measures became indispensable*. This treatment exasperated his phrenzy and before morning he broke to pieces every thing that he could lay his hands upon. *He was then bound and closely confined*; for some days he was allowed to vent his fury in solitude, but he continued to be agitated by the most violent passions, and

to use the language of imprecation and abuse against everybody that he saw, but especially against his governor. In about a week he became very tractable, and kissing the governor's hand, said, "You have promised upon my engaging to be peaceable, to permit me to go into the court—Now, sir, have the goodness to keep your word." He was set at liberty, and in seven months was discharged well. This case Pinel relates "*to illustrate the estimable effect of coercion.*"

In another case, that of a very violent and obstinate man who refused food, Pinel asks, "How was such a perverse train of ideas to be stemmed or counteracted?" and then adds, the *excitement of terror* presented itself as *the only resource*. For this purpose, Citizen Pussin appeared one night at the door of his chamber, and, with fire darting from his eyes, and thunder in his voice, commanded a group of domestics, who were armed with strong and loudly clanking chains, to do their duty. But the ceremony was artfully suspended; soup was placed before the maniac, and strict orders were left him to eat it in the course of the night, on pains of the severest punishments. He was left to his own reflections. The night was spent (as he afterwards informed Pinel) in a state of the most distressing hesitation, whether to incur the present punishment or the distant but still more dreadful torment of the world to come. After an internal struggle of many hours, the idea of the present evil gained the ascendancy, and he determined to take the soup. From that time he submitted without difficulty to a restorative system of regimen; his sleep and strength gradually returned; his reason recovered its empire; and after the manner above related, he escaped certain death.

One regrets to see Pinel speaking with approbation of a mode of treatment of such questionable propriety.

Elsewhere we find him expressing himself as follows:—
 “To render the effects of fear solid and durable, its influence ought to be associated with that of a profound regard. For that purpose, plots must be either avoided or so well managed as not to be discovered, and coercion must always appear to be the result of necessity, reluctantly resorted to and commensurate with the violence or petulance which it is intended to correct.” Those principles are strictly attended to at the Bicêtre. That great hospital is far from possessing such advantages of site, insulation, &c., as that to which Dr. Fowler is physician (the Retreat, York), but I can assert, from accurate personal knowledge, that the maxims of enlightened humanity prevail throughout every department of its management; that the domestics and keepers are not *allowed*, on any pretence whatever, *to strike a madman*; and that *strait waiscoats*, *superior force* and *seclusion* for a limited time, are the only punishments inflicted. When kind treatment, or such preparations for punishment as are calculated to impress the imagination, produce not the intended effect, it frequently happens that a dexterous stratagem promotes a speedy and an unexpected cure.

In the following sentences, we observe an emphatic condemnation of former modes of treatment, and a lucid enumeration of his own:— “In all cases of excessive excitement of the passions, a method of treatment, simple enough in its application but highly calculated to render the disease incurable, has been adopted from time immemorial—that of abandoning the patient to his melancholy fate, as an untameable being, to be immured in solitary durance, loaded with chains or otherwise treated with extreme severity, until the natural close of a life so wretched shall rescue him from his misery, and convey him from the cells of the madhouse to the chambers of the grave. But this

treatment, convenient indeed to a governor, more remarkable for his indolence and ignorance than for his prudence or humanity, deserves, at the present day, to be held up to public execration, and classed with the other prejudices which have degraded the character and pretensions of the human species. *To allow every maniac all the latitude of personal liberty consistent with safety; to proportion the degree of coercion to the demands upon it from his extravagance of behaviour; to use mildness of manners or firmness as occasion may require;—the bland acts of conciliation, or the tone of irresistible authority pronouncing an irreversible mandate, and to proscribe, most absolutely, all violence and ill treatment on the part of the domestics, are laws of fundamental importance, and essential to the prudent and successful management of all lunatic asylums.* But how many great qualities, both of mind and body, it is necessary that the governor should possess, in order to meet the endless difficulties and exigencies of so responsible a situation.

Again, he says, “The great secret of mastering maniacs, without doing them injury or receiving violence from them, consists in going up to them boldly and in a great body. Convinced of the inutility of resistance, and impressed with a degree of timidity, the maniac thus surrounded will often surrender without further opposition or reluctance. An instrument of offence will however sometimes arm him with extraordinary resolution. A madman shall be suddenly seized with a paroxysm of phrenetic delirium with perhaps a knife, or a stone, or a cudgel in his hand at the time. The governor, ever faithful to his maxim of maintaining order without committing acts of violence, will in defiance of his threats, march up to him with an intrepid air, but slowly and by degrees. In order not to exasperate him he takes with him no offensive weapon. As he advances he

speaks to him in a firm and menacing tone and gives his calm advice or issues his threatening summons, in such a manner as to fix the attention of the hero exclusively upon himself. This ceremony is continued with more or less variation until the assistants have had time, by imperceptible advances, to surround the maniac, when upon a certain signal being given, he finds himself in instant and unexpected confinement."

In reference to a patient who was exceedingly violent, and appeared as if he would murder his wife who was visiting him, Pinel puts the question, "What could mildness and remonstrance do for such a patient who regarded other men as particles of dust?" This man was desired to be peaceable and quiet; upon his disobedience, he was ordered to be put into the strait waistcoat, and to be confined in his cell for an hour, in order to make him feel his dependence. Soon after his detention, the governor paid him a visit, spoke to him in a friendly tone, mildly reproved him for his disobedience, and expressed his regret that he had been compelled to treat him with any degree of severity. His maniacal violence returned again the next day, the same means of coercion were repeated. He promised to conduct himself more peaceably; but relapsed again a third time. He was then confined for a whole day together. On the following day he was remarkably calm and moderate, but another explosion of his proud and turbulent disposition made the governor feel the necessity of impressing this maniac with a deep and durable conviction of his dependence. He therefore ordered him to immediate confinement, which he declared should likewise be perpetual, pronounced this ultimate determination with great emphasis, and solemnly assured him, that for the future he would be inexorable. Two days after, as the governor was going his round, the prisoner very submissively petitioned for his release. *His*

repeated and earnest solicitations were treated with levity and derision. But in consequence of a concerted plan he obtained his liberty, promising to the matron who was the ostensible means of his enlargement, to restrain his passions. He was much quieter after, and a single look from the matron quieted him. In six months he was completely restored.

In regard to the relative importance of therapeutic and moral agents, the following passage is interesting:—"My faith in pharmaceutical preparations was gradually lessened, and my scepticism went at length so far, as to induce me *never to have recourse to them, until moral remedies had completely failed.*"

These references to Pinel's views may appear unnecessarily tedious, but we fear that had they been shorter, a less perfect view would have been formed of his real opinions. Of his practice it may then be briefly said, that he abolished chains and substituted for them mild forms of restraint, chiefly the strait waistcoat; that he considered it justifiable and expedient to resort in some cases to stratagem, and in many to threats of punishment, but that he mainly relied on moral means, and was among the first to prove, that—

"Love,
The deep recesses of the madden'd brain,
Can reach, when Violence fails; and Gentleness,
Demoniac fury quickly can assuage,
When nought beside has power."

CHAPTER II.

The subsequent history of Insanity on the Continent has not kept pace with that in our own country, in regard at least to the subject of mechanical restraint. But that the great principles of humane treatment have been recognised and practised, is sufficiently testified by the names

which adorn the annals of insanity after the time of Pinel—Esquirol, Georget, Mitivie, Jacobi, Falret, Zeller, Foville, Voisin, Scipio Pinel, Parchappe, and others.

Unhappily the condition of the insane on the Continent was not everywhere improved. Reil, writing on their state in Germany in 1803, says, “these unfortunate creatures, like state criminals, are thrown into low dens which the eye of humanity never pierces; we leave them there to waste away in their own excrements, under the weights of the chains which bruise their limbs—their physiognomy is pale and withered; they only await the moment which shall put an end to their misery, and cover our shame. They are exposed as a sight for public curiosity, and greedy keepers make a show of them like wild beasts. . . . Whips, chains, and dungeons are the only means of persuasion employed by their masters who are as barbarous as they are ignorant.”

Max. Andre gave the same testimony, in 1810, of the asylums in Italy and the Savoy.*

Georget (of the Salpêtrière) has clearly expressed his views and his practice in his work, *De la Folie*†—on the subject of the general treatment of the insane, including the use of mechanical restraint, and it is delightful to turn to them from the preceding melancholy description.

“It is seldom,” says he, “that in a company of lunatics good order constantly prevails; some quarrel, some dispute, others strike, some are vicious and cause the timid to suffer. It is necessary to put a stop to these disputes, to separate, to punish the culpable. The physician and head attendant ought always to have the general confidence, to be loved by every one; and cannot charge themselves with these duties. An under attendant occupies more particularly this post. The nature of his functions gives to him the sternness

* *Vide* Esquirol.

† Published in 1820.

of expression and voice which make the insane tremble, even in seeing him pass or hearing him talk. The unruly are at once called to order; the quarrelers are separated, and the furious shut up. A host of means has been devised to restrain the maniacal. At the Salpêtrière we only use the *gilet de force*, which has always been sufficient; it is a kind of camisole made of very strong linen, which is fastened behind and of which the sleeves made long enough, terminate in a very strong band, which serves to fix the arms crossed round the body and to fix the patient in one spot, if necessary. Generally, however, they are allowed to walk freely about. 'The tranquillizer' of Rush appears to me very advantageous in some cases: it is an elbow-chair provided with proper straps with which to fix the arms, legs, body, and even the head. Formerly these unhappy creatures were loaded with chains, *now we only employ restraint when quite necessary to prevent accidents*, which would arise from too great liberty of action. To repress a furious lunatic who commits improper acts and menaces to employ force rather than to yield, it is requisite *to surround him immediately with a great number of attendants, and especially to advance upon him without hesitation and without appearing afraid or even to suppose that he would wish to resist*; in most cases he will not offer any resistance. At the Salpêtrière in such cases they suddenly *cover the head of the patient with an apron*; surprised with this artifice and not seeing any means of defending himself or striking, he yields with the utmost facility."

"Although we ought," continues Georget, "to employ mildness to calm and to repress lunatics, still, when they will not obey it is needful to restrain them by some means of restraint; *if they commit wrong acts they ought to be immediately punished*. At the present time, to accomplish these

objects, we employ those means alone which are sanctioned by humanity. *A change of abode, sometimes remaining in the grated courts (grillés), the gilet de force, the douche, seclusion for many hours or for a day are the only means employed in that asylum.* They especially guard against having recourse to blows or any bad treatment.

Throughout Georget's works, there is a greater appreciation of the moral sense of the lunatic, and a more constant attempt to appeal to it than in those of Pinel; but it is curious, that after the lapse of thirty years, the same essential manners of repressing the insane were employed, *viz.*: the strait waistcoat, or the camisole; the seclusion room; and the douche.

It is worthy of remark, that Georget frequently makes use of the word punishment, and evidently considered that this formed a not unimportant part of treatment, but whatever theory he entertained, it is clear that in practice it did not involve any inhuman act; and to shew his thoroughly enlarged views on the subject, we cannot forbear quoting his observations on the principles of treatment.

Principles—"1. Never to exercise the mind of the insane on their delusions. 2. Never to attack openly or roughly the affections and the exalted ideas of the deranged. 3. To create by diverse impressions, new ideas, affections, moral emotions, and thus to restore the inactive faculties. These will have for their object: 1—To occupy the mind of the patient in another direction, and to make him forget his insane notions. We shall produce these effects by working upon the intellectual faculties, by manual employment, recreation, &c. 2—To counterbalance and finally to destroy by opposition their dominant ideas. 3—To give some motives in order to combat vicious ideas. 4—To excite the cerebral action of those who are stupid, &c.

in order to break the chain of thought. These are the means then which we propose to employ in the treatment of the insane. They consist briefly in conversations, the advice and counsel of the physician, the society of the convalescent, manual employment, agriculture, objects of recreation, &c."

Although this Essay is not directly concerned with anything but moral treatment, we cannot altogether omit a slight reference to physical means, inasmuch as they indicate to a great extent the character of the moral management; and, indeed, are often hardly separable from it. Hence we shall not hesitate, both in the present instance and in subsequent parts of the Essay, to refer to medical treatment in so far as it illustrates our subject.

"We have ceased," says Georget, "at present at least to order the patient to take warm baths; they too much favour the circulation of the blood and the development of heat in the head. When we have, by the use of means which I shall hereafter mention repressed cerebral irritation, we can employ at the same time compresses to the head, or sponges soaked in cold water. We may then employ with equal effect the douche. Many patients in order to repress the heat they experience, plunge themselves into water, or place themselves under the stream of a fountain. We keep up an action on the alimentary canal with purgatives repeated for ten, fifteen, or twenty days. An emetic appears to me very proper: it acts first on the stomach as a nauseant and continues its action on the rest of the canal. Hip baths are preferable to entire ones. If the subject is young and strong we may take some blood from him either by venesection or leeches."

So far Georget.

From Esquirol's work (published 1838) we find that

very similar views were entertained by him: views the offspring of an enlightened mind and benevolent heart. At the same time he did not abolish all forms of mechanical restraint. It is much to be regretted that Esquirol does not state what proportion of patients were so restrained.

After remarking that Pinel proscribed the bath of surprise, he adds, "I have never used it." He then proceeds: "I ought to say one word on the machine of Darwin. It sufficiently resembles a jeu de bague, but has passed from the arts of medicine. Mason Cox has made great use of it: Hufeland and Horne employed it at Berlin: there exists one at Geneva, which has given an opportunity to Odier to observe its effects. Dr. Martin, physician to the hospital at Antiguaille, where, at the present time, the insane at Lyons are treated, has told me that he has been struck with the accidents which have happened to the insane while he has submitted them to the action of this machine. Persons have been thrown into syncope, they have had profuse diarrhœa and vomiting, which have thrown them into an extremely feeble condition. *This means however employed with prudence may be used in those cases where patients refuse all medicine*, and in gastric irritation.* If there is much plethora and excitement, it will be necessary to combat these symptoms with bleeding, baths, and emollients long continued. Sometimes rubifaciants are required, and low diet.

"In the place of chains, *milder means have been introduced*. Macbride has described the *gilet de force*. Cullen prefers its use to any other. Pinel only employed the camisole (already described). I have always found it sufficient. The Germans call this "gilet;" Spanish, *camisole*; the English, the strait waistcoat. To all the objections

* Since this was written the rotatory machine has been *abandoned altogether*.

raised against the camisole, I answer that at Paris this has been found sufficient, and that the inconveniences attributed to it are due to its abuse. Some prefer iron manacles, or iron protected with leather. Others have proposed a *belt* which surrounds the lower part of the body, and which is fastened behind by a spring; on the two sides of the belt the hands are fixed by bracelets which are closed like the belt: but this apparatus is not nearly so good as the camisole. In the invention of instruments for confining the insane, the Germans have shown great ingenuity; some authors in other respects very estimable have recommended the use of blows for the purpose of subduing the insane; a practice so dangerous and degrading to the patient as to render it unnecessary to give other reasons for not employing it. *Seclusion, the camisole applied for some time, the restraint chair, the douche, baths long continued, cold affusion, the withdrawal of distracting circumstances, are more than sufficient* as means of repression, when their mode of employment is understood. Never, under any pretence, ought the various means of repression to be ordered by any one but the physician: never ought they to be used but in the presence of the chief attendant."

These extracts will suffice to show Esquirol's opinions and practice in 1838. From his book we gather the following statistics and particulars of some other asylums in France. They serve to show the progressive changes in respect of Moral Management. We may premise that in 1838 there were 5,153 lunatics in France and fifty-nine lunatic asylums.

The influence which the first labours of Pinel exerted was not confined to Paris. Ever since 1800 the *Hospital of Arignon* was remodelled, and this establishment is now remarkable for its admirable order and excellent government.

ROUEN. The lunatics of Rouen were shut up in the prison called Bicêtre and in the general hospital. Miserable as were these abodes Dr. Vintirque, physician to the prison, made in 1819 many successful attempts towards the cure of the insane detained in the Bicêtre of Rouen. In 1802 two courts had been built designed for the violent. These were very damp, and contained a double range of wooden cells which could not be more miserably made. The often-renewed efforts of Dr. Vigne, a distinguished physician of Rouen, had obtained in 1815 *two baths and a douche apparatus*. This zealous doctor *introduced the camisole de force* and made great efforts to organize *a regular treatment*. He obtained some success, but was opposed, and sent in his resignation.

SAINT YON was devoted to the treatment of lunatics of the Department of the Inferior Seine in 1821. Here means were provided for baths; the douche apparatus; vapour baths; and an ample supply of water. This asylum, reports Esquirol, is one of the best establishments for the insane. "We have to admire there the order and discipline which were introduced from the commencement by Dr. Foville, formerly a pupil at the Salpêtrière."

MONTPELLIER. Here the insane were formerly chained and were allowed wretched accommodations; the men could rarely come out of their cells: men and women inhabited the same courts. The minister of religion, however, who lived among them, treated these unfortunate creatures with kindness. Better and separate accommodations were provided in 1822. Dormitories were added, and workrooms and galleries; also baths, the douche, walking grounds, &c.

Here excited patients, even in 1838, were restrained by chains attached to their legs and fixed in the wall of their cells.

Many other asylums might be referred to, but we can gather from these, sufficiently well, the general condition of the insane up to 1838. We shall not, however, do full justice to the subject unless we illustrate this period still further by the information afforded us by Scipio Pinel in his work entitled "*Traité Complet du Régime Sanitaire*," 1836.

In remarking that nearly half a century has elapsed since the experiment of Pinel his father, he observes, "that for thirty years he was enabled to continue at the Salpêtrière the ameliorations which he had commenced, and of which only the most important are even now accomplished. On his part, M. Esquirol, in each of his articles in the Dictionary of Medical Sciences most indignantly reprobates the frightful treatment of the insane in the provinces; he has many times appealed to the Government, but has scarcely received any attention. It was by special favour that some ministerial circulars enjoined the superintendents to give up the use of irons and chains. Such heedlessness would have been enough to discourage, did not experience demonstrate how slowly and feebly reform proceeds. Thus we are not astonished that in 1835 M. Ferrus, on the testimony of official documents transmitted to the ministers by the prefects, was obliged to disclose a negligence in many of their asylums which one can scarcely conceive, as also the absurd employment of chains. At Mareville, in the Department of the Vosages, the prisons where the furious are confined (1836) are in caves only raised one foot above the ground: these prisons are partly wood, and are only four feet wide and six in height: they only receive light (or air) by the air holes in the corridors and rooms.

At St. MEEN the furious are generally shut up in real cages, instead of being placed in spacious and airy rooms:

their cages are exposed to view on all sides, and it is through their bars that straw and food are thrust to these miserable creatures.

In the Département du Nord they employ still (1836) manacles and chains to restrain the excited, and these are the only means of restraint the keeper employs.

At ST. LISIER they use, according to the degree of excitement and delirium, the strait waistcoat, shackles for the feet, chains, and iron collars.

With these fearful abuses let us contrast the benign sentiments of Scipio Pinel.

“In spite of the extreme caution with which it is necessary to employ any means of restraining the insane, (the use of which *ought to disappear almost entirely* from our Establishment,) there are nevertheless certain cases in which their utility is unquestionable. In addition to the defective condition of all the places devoted to the insane, these means become continually necessary, because we do not possess those arrangements which allow of leaving even the most excited, to give themselves up entirely to their extravagance.”

The means he refers to in order to restrain the insane are as follows :—

“1st.—The ‘Tight Cord’ (*corde tendue*). A cord sufficiently strong is fixed perpendicularly to the floor and the ceiling, at $2\frac{1}{2}$ feet from the corner of the room; it is parallel to the angle formed by the two walls, and is very tight. A leather belt is fixed at the height of 3 feet, and 2 leather bracelets for the wrists are attached to the two walls, which form the corner. The patient is fixed to this cord by the belt; his arms stretched horizontally are retained by the bracelets; if he wishes to strike with his feet, he is also fixed to the floor. This position ought to be very soon fatiguing; the patient,

not able to change his attitude without other support than that of the cord, is soon obliged to ask pardon." M. Lowenhayn, who gives an account of this invention, should have said where he had seen it employed. *We only reproduce it here, to proscribe it as absurd.*

2nd.—The "Trellis." We scarcely understand better what the same writer mentions of the "Trellis;" but at least, we judge that its use is but little dangerous The furious patient is placed in a room where a Trellis obscures the window, and gives it the aspect of a prison—all which, as S. Pinel justly remarks, can be accomplished by means of a shutter.

When a madman refuses to obey, conscious of his insubordination, or defends himself, or tears his clothes, strikes, &c., "it is very customary," says S. Pinel, "to give him a douche, to place him in a dark room, to apply the strait waistcoat, and to fasten him to the chair of restraint. There is not a superintendent who should not know all these things, to which he can even add other more or less ingenious inventions: but they would be in our judgment only means of *abusing the patient, for all restraint ought to be limited to placing him out of the power of doing evil, and granting to him the air and liberty necessary to his exalted condition.*"

3rd.—The "Strait Waistcoat." Its use is general; there is not a lunatic asylum where it is not employed as a means of repressing the patient. Heinroth regards it as the best invention to restrain the furious. Knight thinks that it has the inconvenience of confining the body too much, producing a hurtful compression of the circulation. Amelung finds on the contrary, that it allows too much liberty to the excited, and permits them to perform acts of destruction. Scipio Pinel then gives very good reasons why it ought only to be

resorted to in very extreme cases. "At the Salpêtrière," continues our author "the camisole is the only means of restraint of which we have made use, but we never keep it on more than an hour or two, even in the most violent cases. Upon this point, as on all others, supervision is constant, and the attendants are discharged if they infringe their orders. Thus perhaps it is a unique spectacle to see so few patients with the camisole in an asylum which contains seven hundred lunatics, and among whom, some are always violent. At whatever time of day you go, you will find scarcely ten or twelve whose movements are restrained by the strait waistcoat. This satisfactory circumstance results from new arrangements which have been carried out, and which allow these patients to give themselves up without any danger, to their excitement, in large courts under the eye of the attendants, whose number ought to be much increased.

"Where the necessary construction is wanting, it must be admitted that the camisole is the best means of repression : it protects the attendants from blows, &c., &c.; but even this restraint is not without its inconvenience, since when the timid (attendants) are sure that the patient cannot hurt them any longer they abandon him, or else when they approach him, it is with an air of security, which shows him that (but for restraint) he is an object of alarm. Hence he exhibits, on the first occasion, more violence than ever."

Here follow some judicious precautionary remarks. Scipio Pinel then adds :—"To prevent the patient freeing himself from the camisole, it has been fixed in some asylums behind, with a screw buckle, opened by a (square) key, this precaution is useless where there are a sufficient number of attendants."

M. Pinel then describes the leather muff used at Glasgow, the leather belt of Reil, the martingale of Haslam which

was attached to the ankles, and the restraint chair, without which Groos said that he would not treat the insane. In reference to these various forms of restraint he thus speaks :—"The difference of opinion on their efficacy does not turn upon their employment, but really upon the fundamental question relative to physical treatment, to decide whether we ought to restrain the movements of the insane, or leave them entirely free. Our advice is to decide for the most complete liberty, under constant oversight ; for our establishment, we only require the camisole, and that merely in extreme cases."

The author then refers to those cases in which the patient refuses to take food, and states that instead of the chair with a head piece so constructed as to fix the patient's head in one position, they have adopted the simple expedient at the Salpêtrière of placing the patient on his bed, and causing two assistants to hold his head. The food is then passed into the throat either by closing the nose and opening the mouth, or by means of a sort of catheter through the nares.

The proper substitutes for restraint are now introduced, and at the head of the list is placed :—

1.—Isolation or seclusion. "*Notre plus grande punition.*" A patient is excited, violent, and insults the physician ; the attendants master him by throwing over his face a cloth which prevents him seeing ; by this operation alone he is half conquered ; then he is conducted to a dark room, but perfectly clean ; and in which there is nothing but the walls and a little straw. This constitutes the punishment of seclusion, it ought only to last a few hours, and it is needful only to inspire the patient with the idea of his weakness and his faults. The superintendent ought to watch the effect produced, and at the least sign of repentance ought to

offer him his liberty. . . . Seclusion carried thus far, is the best means of restraint.

2.—Change of diet and occupation. “The nature and quantity of the food,” says he, “ought to become a punishment. A suitable diet, the withdrawal of the food desired, the refusal of the instrument required in eating, or the removal (of the patient) from the table are for some patients mortifications sufficiently severe. By occupation you act upon the mind, upon the muscular powers, and his self-love; if these means are ineffectual, add to them the prevention of some pleasure, refuse walks, &c., but do not be lavish with these little means from which you can obtain such great results.”

3.—The douche, on which no particular remarks need be made in this place. “These then are the means of repression,” observes M. Scipio Pinel in conclusion, “which we employ when gentle words fail. In our asylum, the arrangements of the place render the greater part of them unnecessary. It is needful then that persons should occupy themselves in seriously imitating our example; and moreover that they should *banish for ever* the baths of surprise, the revolving wheel, the turning chair or bed, the leg locks, the restraint chair, and all other tortures worthy of the thirteenth century, and which place those who use them below the patients whom they are pretending to cure.”

These observations, made in 1836, do infinite credit to the enlightened benevolence of their author.

As to the therapeutic treatment which Scipio Pinel recommends as properly associated with other means for repressing the insane, he mentions *bleeding to be employed rarely and with the greatest discrimination; baths, frequently of service; derivatives, of which the blister and seton are much praised; and medicines generally.*

Such then are the views current in France, as stated by Georget, Esquirol, and Scipio Pinel, and practised by them up to the close of the half century, which immediately followed the liberation of the enchained lunatics at Bicêtre. Surely such sentiments were worthy of their illustrious master! We see that the moral treatment of the insane in France continued to advance subsequently to Pinel, though we believe this advance to have been far from general. To these honoured names we must add those of Mitivie, Falret, Ferrus, Voisin, and Leuret, who have devoted their lives to carrying out the great principles of treatment so gloriously commenced in France, and contributed so largely towards placing the condition of the insane in the favourable condition in which Dr. Conolly found them, on visiting the French asylums in 1844—5.

From the account published by him in the *British and Foreign Medical Review*,* we are enabled to gather much important information in regard to the moral management of the insane at that period, and especially, as to the question of non-restraint.

CHAPTER III.

“At the Salpêtrière,” observes Dr. C., “I saw no patients walking about in strait waistcoats, or muffs, or leg locks, or handcuffs, and heard no sounds of raving or fury. At a former visit (1828) the restraints and their constant accompaniments had not yet disappeared. In a very recent visit made to them by my son, traces of them were still visible, and attracted his attention . . . But on the day of my recent visit, there was, in fact, not one patient in restraint

* No. 19.

in the whole asylum ; a few were in cells of seclusion, which are detached from the building occupied by the tranquil and industrious. It is true that the French physicians hesitate to admit the principle of the total abolition of mechanical restraint, but they employ it rarely, and with so much reluctance as to give every assurance that the period of the entire disappearance of the camisole is not far remote. To all the violent modes of restraint however ingenious, they have, I think always been opposed . . . The whole spirit of the treatment of the insane, in the French asylums, appears to be mild, gentle, and humane ; and the seeming exceptions to it which I shall have to notice, in speaking of other institutions, are to be ascribed to the same misapprehension concerning the indispensable employment of restraint in certain cases which yet impedes the progress of their abolition in some of our own asylums.

Dr. C. found that the notion so obstinately cherished by the lovers of restraint, that it is necessary to fasten every epileptic to his bed at night, in order to prevent him turning on the face and being suffocated, does not appear to have found its way into the minds of the French physicians ; and the pernicious practice founded upon it, is unknown. Even for the paralytic, no restraint chairs are employed.

The douche is occasionally used. Dr. C. also mentions a large cap-shaped sponge ; (which appears to be similar to that employed by Dr. Morison in this country, and recommended by him in his valuable work published in 1828). It is soaked in cold water and applied to the head.

At the Bicêtre, there were *few* patients in seclusion ; none in restraint ; “everything,” says Dr. Conolly, “is done, to habituate them to social life. They sleep in large dormitories, work together, dine together, read, write, and amuse themselves together. The very refractory and the

furious are not often seen in asylums conducted on the principles which prevail there ; but when such cases present themselves, *they are separated from the rest, all irritations are carefully excluded, baths and other remedial means are resorted to, and no violent measures of restraint are sanctioned.*

“Such at least appears to be the rule, and I saw no probable evidence of exceptions : no chains or cords, no manacles or leg locks, no bath of surprise, no whirling chair, no boxes or osier baskets for inclosing the body and the limbs of the turbulent, no patients sitting in restraint chairs as a substitute for superintendence and care. I have been told that very recently there were, and if so, their disappearance is of good augury. It would indeed have been strange to find such things in an asylum made memorable by the signal services rendered to the insane by Pinel ; for it was here, in basement dungeons, and dark and dreary cells, shut out from the light of day, that this great physician liberated fifty-three captive lunatics with his own hand.”

To illustrate the advance which had been in discarding restraint, the following incident is mentioned. Dr. C.'s son had visited the asylum eight months before ; and at that time had witnessed several restraint chairs in use. We cannot forbear quoting his description of one of these cases.

“In one (restraint chair) sat a poor emaciated creature with a strait waistcoat over his chest and arms, a broad strap round his waist fastening him to his seat, and a number of linen rags and ropes round his legs ; this man was talking loudly and incoherently, but with a breaking voice which showed debility and exhaustion . . . It was stated by his attendant that he would tear his clothes, and it seemed that he had been five months in restraint, and that at night he was tied down in his bed ; he had no shoes or stockings on.

“In the other case it was determined to try the experiment

and accordingly fourteen attendants (!!) were summoned to prevent any disastrous consequences. And in what way will it be supposed this furious maniac vented his rage? By talking affectionately, crying, and kissing the attendants all round !”

Dr. Conolly recollecting these two cases had intended to inquire respecting them; but M. Battelle had the candour to allude to them without any inquiry being made, and he had the satisfaction to learn that the man so liberated had got well, and that the other patient had also been liberated and was improving.

Notwithstanding, however, the condition of the asylum, when Dr. Conolly visited it, we have it on the authority of a competent medical friend, who visited it shortly after, that the restraint chairs still remained in use. The same gentleman also witnessed the application of the douche in the following manner.

The patient, a young man, declared himself to be “Jesus Christ and Napoleon:” on asserting this, the douche was threatened, and on the failure of the threat, actually put in effect. The stream of water flowed from a great height, and fell with painful force on the head of the unfortunate lunatic. It was then suspended and he was asked, whether he would persist in saying he was Jesus Christ and Napoleon? On repeating his delusion, the douche was again allowed to descend upon his head, which it might have been stated, was fixed by means of a board to an aperture in which the neck fitted; and it was obvious that his suffering was very great. He was then asked a third time, “Are you Jesus Christ and Napoleon?” and having replied in the negative he was allowed to retire.

We cannot but remark on this circumstance, how much cruelty may be practised in an asylum where mechanical

restraint is not employed, and how deceptive is the mere fact that the non-restraint system has been adopted in any establishment. The douche is a fearful instrument of cruelty in the hands, both of those who are inhuman, and those who are ignorant of the real nature of insanity and its appropriate treatment. Its abuse is almost certain, if it be regarded in the light of a punishment; and we much doubt whether there are any cases in which its employment possesses any adequate advantage over the shower bath.

At Charenton, then under the superintendence of Dr. Foville, Dr. Conolly found more agitation in the wards devoted to the least tranquil of the female patients, than at the Salpêtrière; but no great violence of conduct or manner; one apartment only presented an unfavourable exception, an apartment belonging to the old portion of the building allotted to the most turbulent. This room seemed filled with noisy voices. Four or five of the female patients were sitting in those heavy coercion chairs which are now rarely to be met with. One was leaning back in the chair with an air of sullen depression, and quite silent, appearing indeed to be in a state of mere dementia. Two or three others were struggling and declaiming with great vehemence and loudness, and another was talking very volubly, but with perfect good humour. The reason assigned for their use was the same as that alleged in other asylums in which restraint is employed, such as that one patient would tear her clothes if at liberty; one would roll about the floor; one would break the windows, &c.

From Charenton let us turn to the asylum at Rouen, St. Yon, under the charge of Dr. Parchappe. This asylum was found to be conducted on humane principles, but the system of non-restraint was by no means introduced. Dr. C. caught glimpses in the quadrangles on the female side of

the house, through which he was rather rapidly led, of quiet looking patients in the camisole or strait jacket; and in one noisy room there were several so dressed. M. Parchappe states indeed in one of his reports, that the strait waistcoat is seldom used on the male side of the house, but that altogether three in one hundred are habitually so restrained in the asylum.

In another cell a man was lying in a straw crib, having on a strait jacket so as to secure his arms and body, and his feet bound to the crib, who had lain so dressed, so secured and bound, nine years.

Baths are enumerated among the means of repression (which means punishment) and not among the resources of treatment. The douche is only employed as a punishment.

Dr. Conolly also visited the private asylums of Drs. Falret, Voisin, Leuret, and Mitiviè at Paris, in all of which the insane appear to be treated with great kindness and humanity, but in none of which has the principle of the total abolition of restraint been adopted either in theory or practice. "The spectacle of patients," observes Dr. C., "bound up in compressing dresses—painful to the body, and painful to every mind, as long as any mind is left—appeared unnatural in an establishment presenting with this exception a kind of model of an asylum. M. Voisin himself seemed in quite an unnatural position when he was unbinding and untwisting and refixing, and demonstrating the miserable complications of linen, leather, and iron on a poor lunatic's body, with a view of controlling and healing the rude outbreaks of the feelings, or the wild delusions of a disordered and afflicted mind."

With respect to Germany we have already made an extract from Reil, written in 1803, which gives a deplorable account of the condition of the insane at that period—in

regard to moral management. But such a picture has long since ceased to be true; and, among others, the asylum at Siegburg has been conducted on enlightened principles, by Dr. Jacobi,* to whose views and practices it will be necessary briefly to refer.

At the end of November, 1833, there were in this asylum only five out of two hundred and two patients whom it was necessary to confine upon their beds, and that, in both cases, but slightly. These five and seven others it was necessary to restrain in the use of their arms and legs by coercive means in the day time; three of them had to be confined in the refractory chair.

Dr. Jacobi appears to think that the revolving chair might in some cases be useful, but he himself seems chiefly to employ the strait jacket, muffs of leather, and the refractory chair. Notwithstanding, however the employment of these means, the following passages will show how much he desires to restrict their employment, and how thoroughly humane are his intentions, although he is very far from adopting the principle of non-restraint.

“It is certainly very much to be wished,” says he, “that physicians would abstain as much as possible, in their treatment of disorders accompanied by insanity, from the use of those auxiliaries which are not employed in the treatment of other disorders; *and in a special manner from the use of those fanciful instruments and appliances, so many of which have to thank for their origin the theories and conceits of physicians during the last twenty or thirty years.* Indeed, now that the practice is becoming more general of treating insanity according to the more enlightened views at present entertained on the subject, these fanciful measures, along

* Corresponding Member of the Society for the Improvement of the Condition of the Insane.

with the incorrect theories in which they originated, *ought to be consigned to a merited oblivion*. Among these, I include the so-called bath of surprise, as well as the contrivances by which the patient, whilst secured to a chair, was drawn up to the ceiling of a very lofty room, such as a church. For though cases have unquestionably occurred, in which, when the patient has been held under water in the bath alluded to, till he was really in danger of drowning—and in which the poor wretch, suspended under a lofty arch, has been left to swing for a long time in an agony of terror—very observable, and sometimes perhaps good effects have followed; still, independently of the cruelty of the proceeding, who does not shudder at reflecting on the very easy possibility of his being, in the one case actually drowned, and in the other, by some oversight, precipitated from his high station and dashed to pieces on the floor?"

Of the condition of the insane on the Continent at the present time (1853-4) we are enabled to speak from personal knowledge—so far at least as concerns France, Holland, Austria, Prussia, and Germany. In making a tour through these countries the writer visited all the principal asylums, and ascertained their condition; at the same time conversing with their medical officers, and obtaining their opinions generally respecting the treatment of insanity, and more especially in regard to the disputed question of non-restraint.

The result of these enquiries I shall give very briefly, and shall not attempt any description of individual asylums—intending before long to publish a more extended account of some of these.

The first country I visited was Holland; and it was

truly gratifying to find how great an interest is felt for the insane, and how much has been done towards ameliorating their condition in this land. Formerly, the Dutch asylums were in a very deplorable state; and to describe those of fifty or even twenty years ago would be to repeat what we have already said of the asylums in France and in our own country at the era of Pinel.

The year 1837 is memorable for the Address delivered in it at Utrecht, by Professor Van der Kolk, entitled "*Oratio de debita curâ infaustam Maniacorum sortem emendandi eosque sanandi, in nostra patria nimis neglecta.*" The Professor succeeded in exciting public attention, and the intervention of the Legislature; the consequence of which was the appointment of two commissioners, laws for the better regulation of existing asylums, the suppression of some—including all private asylums—and the erection of new ones.

A large asylum was built near Haarlem, called Meerenberg, in the construction of which every means were adopted to promote the comfort of the inmates; and medical officers were appointed, admirably fitted to carry out Professor Kolk's humane views—Dr. Everts and Dr. D. H. Van Leeuwen. These gentlemen visited England in order to obtain information on the construction of asylums and the treatment of the insane; and they returned to Holland resolved to attempt the experiment of non-restraint. When I visited the asylum in August last, its condition reflected the highest credit on its Directors—though, owing to the building being still incomplete, I saw it under disadvantageous circumstances.

Dr. Everts, the physician in chief, believes the entire abolition of personal restraint practicable and desirable; but in consequence of the unsettled state of the house and other reasons of a temporary nature, he has been unable entirely

to carry out his views into practice. How very small, however, the amount of restraint is, will be apparent from the following statement:—During the month of August the numbers restrained ranged from one to three, in a daily record kept by Dr. E. During the previous month not one man was restrained, the daily number of women one to two. On the day of my visiting the house two men were canisoleed—the number of patients being 391.

Professor Van der Kolk does not, it should be stated, subscribe fully to the Non-Restraint System—he adopts the modified view still entertained by some in England, that it is unwise and unnecessary to say that the waistcoat shall never under any circumstances be applied: regarding it as one mode of restraining violence to be occasionally employed with less irritation to the patient than any other form of restraint. In this opinion Dr. Van Lith concurs, the Superintendent of the asylum at Utrecht; also Dr. Ramaer, the Physician to the asylum at Zutphen; and the Editor of a Psychological Journal recently started in Holland.

Of Holland, therefore, there is everything to hope: she has commenced in earnest the great work of guarding the insane from maltreatment and neglect; and has provided for them a noble institution, in which the most profound medical knowledge and the most gentle sympathy combine to restore the unhappy lunatic to his station in society.

I will next speak of Prussia. It is with great regret that I state that the capital of this noble country has not yet provided a separate establishment for the insane. The present building at Berlin forms a part of the general hospital—La Charité, and is situated in the city. Rich in magnificent buildings and imposing façades, she yet has not sufficient wealth to apply to this necessary object of the public care! In reply to some such remark made to Pro-

fessor Ideler, he said that the military expenses of the country were so great that little was left to spend upon asylums.* But though Berlin is so miserably behindhand in this respect, Prussia contains recently-built asylums, as well as those of an ancient date, which deserve great praise and are well worthy of observation.

And first I will speak of Siegburg—certainly not because the building has any thing to recommend it, but on account of its justly celebrated physician, Dr. Jacobi. Since 1821 he has worked at this asylum, and from his practical experience, and the thought he has bestowed upon the subject of mental diseases, the English reader will be anxious to know his opinion at the present time on the subject more particularly before us—the System of Non-Restraint. And as in stating Dr. Jacobi's opinion I shall also be stating that of the majority of Continental Psychological Physicians, I may be allowed to mention them somewhat in detail. Dr. Jacobi has a thorough heartfelt love for the lunatic, and whatever plan of treatment he pursues is the result of a conscientious belief in its superiority over other plans of treatment. Religious teachings, kindness, and other moral means, combined with a most careful attention to the medical indications of each case, constitute his primary rules of treatment; but he considers that in regard to dangerous and dirty patients these means may all fail in producing their desired effect—and that then it becomes necessary to resort to *other than moral means*. Then, physical or mechanical means being necessary, he asks, which are the least irritating to the patient and the most likely to secure the end in view? To this question Dr. Jacobi unhesitatingly replies, that the

* Professor Ideler's apparently humane character and kind manner towards the patients form a striking contrast to his system of treatment. His application of the douche is positively cruel, and I witnessed it with feelings of indignation and disgust.

strait waistcoat and the coercion chair are in not a few cases the best known means of personal restraint. He bases his conclusions on what he should wish in his own case, and on the experience of many years at Siegburg. He believes that the seclusion room confines the patient much more injuriously than the camisole—that the patient can often be allowed fresh air and exercise under one mode of treatment and not under the other—that he can be more constantly under observation; and that in regard to the forcible holding of the patient by the hands of an attendant—this mode of coercion is usually much more exasperating to the patient than the waistcoat: and in respect to “coercion chairs”—that many dirty patients are kept in a much more comfortable condition by this means than they otherwise would be. Add to which reasons, his belief that the Non-Restraint System subjects the attendants and the other patients to great risk of injury. In short then, Dr. Jacobi and other Continental physicians refuse to distinguish between the seclusion room, the hands of the attendants, &c., and the camisole or the restraint chair—asserting that they are all so many forms of restraint and that the superintendent must choose in any particular case which form is the best suited to the patient’s condition.

Such are Dr. Jacobi’s opinions. Coming from such an authority they ought to be listened to with attention, and they deserve all the weight which anything short of our own personal observation can or ought to receive. But, however much truth there may be theoretically in these abstract propositions—and I am not prepared to give unqualified denial to their truth—I cannot do less than state, that my visit to Siegburg convinced me that Dr. Jacobi had not (fully and fairly) made the experiment of employing those means of restraint, substituted in England for the

camisole and chair. I do not in this statement do more than express a fact; no assertion is here made as to the superiority of one over another form of restraint—all I say is, that Dr. Jacobi has not employed the English alternatives for non-restraint. And until such experiment be fairly tried, it is evident that however much truth there may be in Dr. Jacobi's arguments, it would not be unfair to adduce him as an example of a physician, who has adopted his present views as the result of a practical trial of the system; the possibility and benefit of which are now at issue.

Now, I am bound to say, that what is true of Dr. Jacobi, is also true of most Continental physicians. On hearing them express their opinion on this subject, I at once enquired into the means employed to restrain their violent patients, and usually found with real disappointment that they had by no means systematically introduced those various appliances, without which, the experiment cannot be fairly tried—appliances in fact forming so completely a part of what is called the Non-Restraint System, that their non-adoption after the abolition of the waistcoat, &c., might naturally be expected to be followed by disastrous consequences.

When I visited Siegburg the number of patients was 190, and of these five women and four men were confined by the camisole, and several of these by the chair in addition. Dr. Jacobi stated that the average number so restrained would be somewhat higher as regards the women.

It is not consistent with our present object to describe further the system pursued at this asylum—a full description of it, as well as of the building itself, will be found in the English translation of Dr. Jacobi's work published in 1841.

The asylum at Halle in Prussia is recently erected and in this respect has great architectural advantages over Siegburg and many other conventual buildings now adapted

to the care of the insane. It is under the superintendence of Dr. Damerow, well known as one of the editors of the *Psychological Journal*; and it deserves great praise on account of its excellent order and the cleanliness and comfort of the patients. Indeed, the cleanliness of the patients and the character of the attendants here were particularly noticeable; and it will be admitted that these are strong indications of the humanity and efficiency of the superintendent. Dr. Damerow expressed his opinion on the Non-Restraint System no less decidedly than Dr. Jacobi, and with no little warmth defended the mild employment of mechanical restraint on the ground of kindness to the patients themselves. I will not, however, detail his arguments on this subject, but will refer to those of Dr. Jacobi, to which they are essentially similar.

In Prussia each province is required by Government to provide an asylum for its insane population, and persons are appointed to inspect their condition at stated periods; but this inspection is of a very limited character, and has primary reference to the general condition of the establishment, and does not appear to include any individual care of the patient or the propriety of their confinement in an asylum, as is the case in England.

The names of Dr. Martini, Professor Ideler, and Dr. Leubuscher, are well known for the attention they have paid to the treatment of the insane: they also participate in the views already expressed as entertained by Drs. Jacobi and Damerow on the subject of Non-Restraint.

Leaving Prussia, I will proceed to offer a few remarks on the condition of the insane in Austria.

Prejudiced as an Englishman is against the political system of Austria, he naturally expects to find her institutions in a bad condition—at least, this was my case; but

I am glad to say that in regard to lunatic asylums, I was agreeably disappointed. There are bad asylums in Austria, it is true; so there are in England; but those recently built are worthy of all praise, not only in their construction and external appearance, but in their management, the condition of the patients, and the high character of their medical officers.

The asylum at Prague, built recently for curable patients, is an excellent establishment, and was planned and formerly superintended by Dr. Riedel. Dr. Köstle is the present director; he had 203 patients in this building, and in going through the wards, I observed three women confined to their beds by a strap passing over the arms and under the body, in addition to the camisole. Three men were restrained in a similar manner; one of these in an extremely excited and noisy condition. There was no reason to think that the instruments of restraint were so applied as to give actual pain to the patient. There are no restraint chairs in this asylum. Dr. Köstle employs depressants as ipecacuan in large doses, but neither employs the douche nor resorts to venesection. In addition to the curable establishment, there are five adjoining separate buildings used for patients of the incurable class.

Dr. Riedel, of whom I have spoken, left Prague for Vienna, where a large new asylum has been built under his superintendence; and of the good order and efficient management in which I found the asylum I am able to speak in terms of very strong praise. The patients were to a great extent engaged in occupations suited to their habits and tastes, and presented an air of much personal comfort. Mechanical restraint was employed in the form of a camisole, either alone, the patient being at liberty to walk, or in addition to a strap, by which the patient was confined to his

bed. There were 336 patients in the house ; about an equal proportion of men and women. I saw nine women restrained by the camisole : several of these were also fastened by a strap to the bed, in the same manner as at Prague. Only three or four men were the subjects of mechanical restraint ; of these, two had the wrists attached to a waistband by means of a leather strap. But, although restraint was thus considerably employed, the general appearance of the patients was highly satisfactory : the wards, including the day and sleeping rooms, were in beautiful order, and a very large number of the patients were engaged in useful occupations ; as drawing and writing, tailoring, joinering, shoemaking, and out-of-door work.

There still remains in Vienna the old tower, until recently, famous for the wretched condition of its inmates, who were chained and exposed to public view. It is now used for incurable patients, and although their condition has been ameliorated, it is yet far from satisfactory. A large number are constantly confined to their beds by mechanical means. It is not under the care of Dr. Riedel.

In Austria, then, there is every reason to expect from the care which has been taken in the construction of new asylums, and the appointments made of efficient superintendents, that those asylums which remain in a bad condition will be reformed ; and that an increased number of asylums, equal to those of Vienna and Prague in their accommodation, will be built, inasmuch as the insane population of Austria is still inadequately provided for by the Government. Dr. Riedel and Dr. Fischel (formerly of Prague) are men likely to advance the treatment of the insane in a thoroughly practical manner. Whatever, therefore, we think of Austrian politics, let us give her the praise justly belonging to her for the provision she is

making for the care and treatment of those affected with mental disease.

Having thus briefly passed in review the general treatment of the insane in Prussia and Austria, I will refer to its past progress in Germany, and add some remarks on the asylums of Germany proper.

In Germany, the subject of insanity has received for a long period a large amount of attention, and has given rise to discussions of a character to be expected among a people so highly speculative and metaphysical. Hence, for many years, insanity was solely or mainly regarded as a subject of theoretic interest, and various theories were propounded as to its nature, which led to warm contentions—of these may be mentioned the Somatic, the Psychic, and Somatopsychic: their names sufficiently express their character. In 1783, a journal was published by Moritz, entitled "*Recueil pour l'etude du traitement des maladies mentales.*" From this year to that of 1805, Maimor, Manchard, Wagner, and others, published works bearing on the subject, of a philosophical nature, but wanting in a practical tendency; and in this year, (1805), Reil and Kayssler brought out a journal of psychological medicine, published at Halle. This journal, however, ceased in 1806; but two years later, Reil and Hoffbauer edited a journal under the title of "*Recherches d'une methode de guerison pour les maladies mentales,*" soon to be abandoned, however, like its predecessors.

The name of Langermann holds an honourable position in Germany, in regard to the progress of the treatment of the insane. He was born in 1768, and died in 1832. He has, I believe, left behind him no books, except his Thesis "*de methodo cognoscendi curandum animi morbos stabilienda;*" he was the director of the asylum at St. George's,

at Bayreuth ; and was the acknowledged head of the psychic school of insanity, which Professor Ideler, his follower and pupil, is now considered to represent. The asylum of Sonnenstein, near Dresden, was one of the first to adopt an enlightened mode of treatment, and by practically attempting to carry out humane principles, advanced the cause of the insane, in Germany, perhaps more than any other institution at that period. Ruer's labours at Marsberg must not be omitted ; nor those of Horn's at La Charitè, Berlin. The journal of Nasse was published in 1818, and marked a revived attention and interest in the subject. In this year, also, Heinroth, who had previously written in 1807, published a book, entitled "On the troubles of the Mind." In 1821, Dr. Jacobi commenced his labours at Siegburg, near Bonn ; and in 1822, edited a free translation of the "Description of the York Retreat," in which he attempted to adapt that work to the German reader, and to show the desirability of introducing the system of treatment adopted at the Retreat into Germany. Dr. Jacobi's influence, by his works and by his labours at Siegburg, has been productive of extended benefit, and I found him regarded in Germany as the main leader in the amelioration of the condition of the insane in that country. Since 1822 he has published several works on the subject, one of which details the plans of treatment pursued at Siegburg, and has already been referred to when speaking of that asylum.

Dr. Jacobi has been followed by men truly worthy of the noble object of their talent and energies. Drs. Zeller, Roller, Lessing, Klotz, and others have thrown into the cause of the insane all the earnestness and mental power with which they are so largely endowed ; and day by day, and hour by hour, sacrifice themselves to the care of this unhappy class.

I visited Dr. Zeller at his asylum near Stuttgard, (Win-nenthal), and experienced real delight in witnessing the devotion of his heart to the objects of his care. On the subject of Non-Restraint, Zeller's views are identical with those of Jacobi: nor has he made any attempt to restrain the violent by modern appliances. But, whatever may be his views of Non-Restraint, and however much one may regret his not having made a trial of it—there can be but one opinion as to the *character* of his treatment—that it is thoroughly humane and accompanied by the highest moral and religious suasion. His presence alone carries with it the assurance of love and of sympathy for his patients; an atmosphere surrounds him—so pure and gentle and holy, that it is impossible to come within its influence without being to some extent affected for the better by it. Of the Non-Restraint System, and the experiment made of it in England, Dr. Zeller said “Prove all things, hold fast that which is good, saith the Apostle.”

I have said that Dr. Jacobi has to cope with the difficulties of an old building not constructed for its present use; the same is true of Zeller. But I must now briefly speak of Dr. Roller, who, pursuing the same noble and humane course of treatment, has had the advantage of planning the asylum in which he is engaged. In doing this he has been able to carry out his own views of classification, and, in the midst of most beautiful scenery, erected (under Government) a very large building for upwards of 400 patients. Having had the opportunity of spending three days at Illenau, (the name of the asylum), the writer can speak in the strongest terms of the character of the superintendence and administration of the institution. Dr. Roller devotes his whole soul to the welfare of the patients, and is incessantly with them, encouraging the

melancholy, and attempting to calm the violent by moral influences. At this asylum I was afresh struck with the superiority of Continental asylums over our own in one particular, *viz.*: the greater proportion of medical officers to the patients. In Illenau, there are 450 patients of various classes as regards payment—a large number however of the poorer class; and there are no less than four qualified medical men there, in addition to Dr. Roller, the physician-in-chief. One of these has the *immediate* charge of the incurable women, another of the incurable men, a third superintends the curable women, and the fourth the curable men. Dr. Roller has absolute authority throughout the establishment; and is constantly engaged in making a circuit of the house, in addition to the visits of the subordinate officers. Of the four divisions of patients, he usually sees only three in one day, and the fourth division on the next day; his visits are paid morning, afternoon, and evening. Each section is also visited by its own particular superintendent several times a day; and it is thought desirable to be frequently present when the patients are taking their meals. It must be admitted, that such an arrangement forms a strange contrast—and one anything but favourable to England—to that adopted at our large public asylums, as for example Colney Hatch or Hanwell; in the former of which there are two superintendents to 1200 and in the latter two superintendents to 1,000 patients. Dr. Conolly, I perceive, has called attention in the pages of the *Lancet* to our miserable arrangements in this respect; and has adduced the fact, as being a complete bar to the introduction of really effective clinical instruction into our asylums.

Lastly, I may remark, in reference to the views entertained by Dr. Roller on the subject of Non-Restraint, that

he considers it necessary to resort to its mild employment, but I am glad to be able to state, that the proportion restrained was decidedly small; and that while subscribing to the views of Jacobi and Zeller in theory, he has in practice gone further than they in the discontinuance of personal restraint.

We will now devote a few observations to France, or rather to Paris, for besides the Parisian asylums, I only visited Stephansfeld near Strasbourg, and Mareville near Nancy. Dr. Conolly's visit was made in 1845; my own in the winter of 1853.

I would in the first place remark, that in regard, at least, to the Saltpetrière and the Bicêtre, the Parisian asylums are old buildings, constructed at a period when very different ideas were entertained of the architectural necessities of such establishments: secondly, that they possess a very insufficient acreage. These disadvantages, it is only fair to bear in mind, in judging of their condition; their influence is felt beyond their direct effects, for they act indirectly by discouraging the attempts of the medical officers to carry out an effective system of treatment. No one regrets more, I am sure, than do many of these physicians, that they are thus cramped by the character of the buildings and grounds devoted to their patients. For the pauper class there is required a large asylum, constructed on modern principles, and in possession of sufficient land to supply the patients with spade labour. Charenton is modern and situated in the country, but is for the higher class of patients: it is much to be regretted, however, that notwithstanding its situation, there is but a limited amount of land belonging to the institution. Making every allowance, however, I candidly confess that I was disappointed in the Paris asylums; and I think any reader of the works

of Esquirol, Georget, Scipio Pinel, &c., would be led to form a much higher estimate of the system of treatment pursued by the French than is actually the case. Either there has been latterly a retrograde tendency, or the excellent principles enunciated in their writings are not carried out into practice. I feel the less hesitation in expressing this opinion in regard to the Paris asylums, from the confirmation it receives in a report just published by my friend, Dr. Van Leeuwen, (a thoroughly competent observer), on the condition of the asylums in France.

Only one opinion prevailed among the Parisian doctors on the Non-Restraint System; they all regarded "Restraint" as necessary and beneficial. The well known and excellent Dr. Falret, in conducting me over his division of the Salpetrière, spoke in decided terms. I cannot, however, do better than introduce the opinion of M. Battel, expressed in his last Report of the Paris asylums—and I must here express how much I owe to that gentleman, during my stay in Paris, for the kind assistance he rendered me in forwarding the object I had in view.

"In England," says he, "the patient is placed alone: there is only one means of restraint for every case, that is, the seclusion room or imprisonment.

"In France, on the contrary, we have two degrees of restraint. In the first place, we put the camisole on those patients who manifest destructive instincts, who injure their hands or their face, or who tear their clothes to pieces. The camisole suffices to prevent the commission of these acts; without it, it might be necessary to shut them up, to deprive them of exercise and walking out of doors in the sun, and of the participation in common life; to which, we are attempting to restore them by all imaginable means.

"But if they give themselves up to intolerable eccentrici-

cities, and obscene acts, and to violences towards themselves and others, then we place them in a cell during the time the paroxysm of agitation and of dangerous violence lasts ; but this temporary incarceration is the extreme means we employ when the first mode has been tried without effect.

“ When a lunatic removes his clothes and tears them, when he inflicts wounds with his nails, when he has a propensity to suicide—does the separate room prevent him ? By no means ; but the camisole sufficiently provides for such a case. For acts of this nature, the French never place the patient in seclusion ; they prevent the possibility of his hurting himself or doing any injury, in depriving him momentarily of the free use of his hands ; and in this way it is certainly much more humane than if he were subjected to imprisonment in a separate room.

“ The opinion of French physicians is explicit on this point. It is justified and summed up in the following paragraphs extracted from an extremely interesting work, which, Dr. Morel, physician in chief of the Mareville asylum (Meurthe), has just published. ‘ We know,’ says this honorable physician, ‘ that under the influence of an irresistible delirium, a patient is often forced into acts of deplorable aggression : we have the right to protect ourselves from these instinctive passions, and not only ourselves but the inoffensive beings confided to our care. Who can, under such circumstances, accuse the physician of cruelty, who believes he ought to restrain within just limits the destructive powers of these patients in applying the camisole, not permanently, as was unhappily the case formerly, but within those limits, which make of this effective method of restraint a just and legitimate means of punishment ?’

“ It is in accordance with these principles that the application of the camisole, very limited in its employment,

becomes a medical element (of treatment); it is the physician himself who prescribes its use, and who fixes its duration. It is a useful means of restraint for the patients whom we have described, and for those whose destructive and depraved instincts are directed against their own persons. The insane, whose indomitable turbulence, dangerous tendencies, and perverse will, we combat by the camisole, find themselves, by reason of their own and the general security, in a complex situation. If we absolutely reject the employment of the camisole, we are obliged to restrain the liberty of the dangerous or refractory patients by a life of seclusion. Many attendants are sometimes necessary in order to subdue their movements, and to prevent them destroying themselves by beating their heads against the walls. These struggles are not effected without a great manifestation of natural irritability; they do not prevent all dangers, and even supposing that the use of the camisole, limited as it ought to be, is a bad mode of restraint, of two evils we choose the least.

“We think then that in this matter, as in many others, we must not be too exclusive. On both sides, the intentions are excellent. The practitioners of both countries have only in view what can most contribute to the well-being of their patients. They do not cease to rival one another in efforts in this direction, and the present discussion is another proof of it. But the system which our neighbours have made a subject for triumph, appears to us the application of a principle of benevolence and humanity carried too far.

“We honour then the English doctors for the laudable intentions which animate them, but we persist at the same time in a system, of the advantages of which experience has made us conscious, *and which in many cases is at once more rational, more efficient, and more humane.*”

These remarks are of great interest, and are written in a philosophical and truth-loving spirit, which all writers on the subject would do well to follow. There is one point, however, to which I would refer, in regard to which I think the remarks of M. Battel are calculated to convey a false impression. In speaking of and contrasting the French and English systems, M. Battel says that they (the French) have the waistcoat and seclusion—we, only the latter. But when M. Battel speaks of cells or separate rooms as being employed by the French, he is speaking of quite a different thing to what we in England mean by those terms. The “cellule” of a Parisian asylum is a single-bedded room; to confound this therefore with our carefully guarded, empty, padded rooms is obviously unfair. There is neither in the Bicêtre nor the Salpêtrière a single separate room without a bed, and otherwise prepared for a violent unrestrained patient. Nor did I see one at Charenton. I cannot therefore admit that the French do employ seclusion—in our sense of the word. And when employed I believe it is rarely if ever employed alone, but in addition to the waistcoat, &c. If a patient is camisoled, then fastened into a chair such as I saw at Charenton, and then placed in his bed room, he is certainly secluded; but it is not the seclusion of an English asylum where non-restraint is practised.

Many of the arguments used against Non-Restraint—including several employed by M. Battel—would cease to have any force, if suitably prepared seclusion rooms existed. It is one thing to leave a violent, dirty, suicidal patient alone in his bed room, and quite another to place him in a padded room, deprived of everything that he can injure, or by which he can injure himself, and subject to surveillance by means of an inspection plate. M. Battel

fears a suicidal patient would attain his object by running his head against the wall, an apprehension perfectly well grounded in Paris asylums, but groundless if the patient be placed in a properly padded room, and is subjected to an efficient oversight. It must then be clear that if an experiment is to be made of the Non-Restraint System—it must be under the conditions specified by its supporters. Without them, it is impossible to decide whether it is practicable or not.

In accordance with the theoretical views expressed by the French physicians, I found a very considerable number restrained by the camisole at the Salpêtrière, Bicêtre, and Charenton. Some of these were also confined by straps, to a chair. At Charenton I saw in one room—the *salle à manger* for the refractory women—three women sitting in coercion chairs, fastened to them, and camisoled. But although a large number were restrained by such mechanical means in the Paris asylums, I believe there is a considerable amount of attention paid to the patients—to their comfort, care, and cure. In Dr. Falret's division at the Salpêtrière I was much interested in the day room for the tranquil, in which were seated a large number of women engaged in sewing, and looking very clean, well dressed, and comfortable. On one occasion they sung, and recited many poetical pieces committed to memory for the purpose—Dr. Falret present and encouraging them by signs of approbation. Several tunes were also played on the piano. This was a highly interesting exhibition, and reflected credit on Dr. Falret who introduced these exercises.

At the Bicêtre also (notwithstanding much that was disgraceful) I was much gratified by witnessing, in the division under the care of Dr. Voisin, a musical band composed of patients, apparently entering with great heart

into the entertainment. Still more interesting was the idiot school conducted with considerable energy by its master. This school was among the first—if not the first—to prove how much may be done in educating the idiot; and Dr. Voisin has shown to how great and unexpected an extent the form and size of the head may, even in cases of marked cerebral deficiency, be developed by the laborious teachings of the schoolmaster. Much credit is due to Ferrus, Voisin, and other French physicians for the manner in which they have worked at this subject, and devoted their energies to it, until they have demonstrated the encouraging results of idiot schools. We have in this particular been behind the French and Germans, and are only beginning to emulate them in this noble work—one certainly of extreme labour and self-denial.

CHAPTER IV.

SUCCESSIVE CHANGES IN THE MORAL TREATMENT OF THE INSANE IN ENGLAND—PERIOD 1792-1814.

Having traced the successive changes which have taken place on the Continent in regard to the Moral Management of the Insane, let us turn to the history of insanity in our own country, which, as we have already mentioned, dates by a singular coincidence from the same year as in France. It will also be necessary to describe more particularly the condition of the English asylums towards the close of the last century. We shall choose the York asylum* for our illustration on two accounts; first, because, in the words of Dr. Conolly, “among the bad, the York asylum was the

* Its condition at this period appears to have been essentially the same as in 1814; we shall therefore defer the description of it until we speak of its downfall and exposure.

worst ;” and secondly, because the horrible condition of this asylum led to its exposure and downfall, and the consequent spread of enlightened views regarding the nature of insanity and the treatment of the lunatic.

The York Lunatic Asylum was founded in 1777 by general subscription, and had for its object “the decent maintenance and relief of such insane persons as were in low circumstances.” Up to the year 1791 no cause for any suspicion in regard to the comfort of the patients occurred. “In this year, however, some members of the Society of Friends sent one of their family, a lady, for care to that asylum. The rules of the asylum forbade her friends to see her—she died—something wrong was suspected, and from that day the Society of Friends, acting as always in conformity with Christian precepts, and never hesitating to face a right work because of its difficulties, determined to establish an institution, in which there should be no secrecy. Wm. Tuke was the great founder of the new asylum, and from the first, he and his friends pursued in their institution those principles which are now universally acknowledged.”*

“By a singular and interesting coincidence,” writes Dr. Thurnam, “it was in the Spring of 1792, the very year in which Pinel commenced the amelioration of the treatment of the insane in France by the truly courageous act of unchaining fifty supposed incurable and dangerous lunatics at the Bicêtre, that the establishment of the Retreat (at York) was proposed by the late William Tuke.”†

It will be useful to detail more particularly the treatment pursued at this institution. Like Pinel, the founders of the Retreat did not at once perceive how far the lunatic might be permitted his liberty, or to what extent his feelings

* Dr. Conolly’s speech at Willis’s Rooms—*Daily News*, April 1st, 1852.

† Born, 1732. Died, 1822.

and better nature might be effectually appealed to. They speak in their prospectus of their desire to introduce "cheerful and salutary amusements;" and another paragraph speaks of their wish "to cherish in the patients the strengthening and consolatory principles of religion and virtue."

No chains or any instrument of punishment were allowed, and in order to avoid the appearance of a prison in their building, iron sashes were substituted for the bars then in use in asylums for the insane; and in order to imbue the patient's mind with the idea that he had come to a temporary home, they suggested the name of "*Retreat*," a term now so commonly employed for these institutions.

Their first report speaks of the introduction of *suitable employment*, in order "to relieve the languor of idleness and prevent the indulgence of gloomy sensations;" and alludes to the custom of forming *tea parties*, at which the officers entertained their guests—the patients.

Of Jepson, one of the early superintendents, a man remarkable for the union of firmness and humanity, and one who entirely discarded the then prevalent barbarous notions of treatment, the following is related:—

"A patient of rather a vindictive and self-important character, who had previously conducted himself with tolerable propriety, being in the airing court, climbed up against a window, and amused himself by looking into one of the rooms. An attendant who had not been long in office, perceiving his situation, ran hastily towards him and without preamble drew him to the ground. He was exceedingly indignant, and becoming furious attacked the attendant, and probably would have done him a serious injury if his cries had not brought others to his assistance. Soon after this circumstance, (which Jepson considered to have a permanently injurious effect upon the patient) Jepson

and this individual were one day together in the fields, when something occurred which excited the vindictive feelings of the patient: he retired a few paces, and seized a stone which he held up, as if about to throw it at his companion. The superintendent in no degree ruffled, looked steadily at him, and at the same time advancing, commanded him in a firm tone of voice to lay down the stone. The hand of the patient gradually sunk from its threatening attitude, he dropped the missile, and quietly submitted to be led to his own apartment."

A graphic account is given by a traveller, Dr Delarive, of Geneva, of his visit in 1798 to the Retreat, which will probably convey a clearer idea of its condition than any description we can give:—"He (Dr. Fowler*) communicated to me his observations with the animation of a friend of humanity, who seeks to propagate useful ideas. . . . We rang; a young woman came to open the gate. This young woman, said the doctor, is one of my patients; she is well enough to be in the kitchen, and she is employed as much as possible. A man who was sweeping the yard, and who came to salute the doctor, was another of his patients. We were introduced into the parlour, furnished very simply, but with great neatness. After a short time the superintendent arrived and accompanied us to every part. . . . The chief part of the moral treatment, (in addition to the internal arrangements of the building) consists in the use of agreeable remunerative means. As soon as the patient is quiet they remove him from restraint—they permit him to go out of his room, and to walk in the open air in a large court surrounded by a wall; if he continues better he is preferred to a chamber on the first floor, which

* One of the physicians; and favourably known to the profession by his tracts on arsenic, tobacco, &c.

is a kind of honourable promotion, and serves to encourage him to exercise self-restraint. These rooms are large, and more agreeable than the lower ones, and are provided with more furniture, and are altogether the picture of neatness. . . . As soon as the patients are well enough to be employed, they endeavour to make them work. The women are employed in the usual female occupations. The men are engaged in straw and basket work, &c. The superintendent had made an experiment a few days before which had answered very well: the institution is surrounded by some acres of land which belong to it; he had undertaken to make the patients cultivate this land, giving to each a task proportioned to his strength; he found that they were fond of this exercise, and they were much better after a day spent in this work, than when they had remained in the house, even when they had had the liberty of taking a walk; whilst thus engaged they were also attended by several overseers. I went to see them at work; they were about fifteen in number, and appeared as contented and satisfied as their condition would allow."

It is very apparent then, from the preceding extracts, that at the time when chains and stripes were being employed in many English asylums, including one within a few miles of the Retreat, the founders of that institution were conducting a grand experiment in the treatment of the insane, founded on the principles of humanity, religion, and common sense. And this, at a time when Cullen wrote in favour of the employment of fear in the treatment of lunatics, and prescribed "stripes" in some cases of mania.

But, as already stated, although the treatment adopted at the Retreat was diametrically opposed to that in vogue and under the sanction of high authority, it did not in all cases involve the entire abolition of mechanical restraint.

“Certainly,” says Dr. Conolly, “restraint was not altogether abolished by them, but they undoubtedly began the new system in this country, and the restraints they did continue to resort to were of the mildest kind.” It was thought that cases existed in which less excitement was created by the use of the strait waistcoat during a maniacal paroxysm than by the employment of great physical force on the part of an attendant, for it must be remembered that the padded room was not then introduced. But no “whirling chairs” were employed; no “bath of surprise” brought the lunatic to his senses, nor sudden descent from church tower awoke his slumbering intellect; no cage-like den was there in which to incarcerate the maniac, far from all human sympathy, and the light and breath of heaven—yet the venerable Founder, we are told, could tread his way through the wards of the asylum, not only without the fear of injury, but greeted by many a warm hand-shake, and by eyes glistening with grateful emotion, and kindling into intelligence.

With regard to the architectural arrangements, it necessarily happened that the knowledge which they obtained by subsequent experience came too late to be fully embodied and carried out in the building; in planning which they were compelled to take for granted many current ideas, afterwards falsified by their own experience. Notwithstanding, in the size of their rooms, in the general arrangement of the house, and especially in the avoidance of a gloomy prison-like aspect, substituting for this the impression of a rural mansion, they anticipated to a remarkable extent the principles now admitted in reference to the construction of asylums for the insane—a subject of primary importance in the moral treatment of insanity. They entirely discarded the practice, then common in even the very best asylums, of having apertures guarded by strong iron bars and shutters

in the cells of the poorer patients, in the place of glazed windows. The shutters when closed of course excluded both light and air. No doubt the most important element in their moral treatment was the thorough kindness evinced towards the patient, the ready sympathy ever expressed in his troubles and fears, and the confidence reposed in his word when given in honour. These were the grand secrets of the success of the founders of the Retreat, on which, while not despising pharmaceutic means, they chiefly relied; and it is a curious and interesting fact, that although the institution has been since conducted not only with efficiency and humanity, but also with very much more of medical treatment, the number of cures has at no time materially exceeded that which occurred during the early period of its history.

It was impossible that this great experiment could be going on without attracting the attention and curiosity of medical men and philanthropists; and the numerous enquiries made respecting it at last led (twenty-one years after its projection) to the publication of an account of the institution, and of the methods of treatment adopted in it.* The following brief extracts from this work may serve to show the opinions of the author, and the principles adopted at the Retreat. "People in general have the most erroneous notions of the constantly outrageous behaviour or malicious dispositions of deranged persons; and it has in too many instances been found convenient to encourage these false notions to apologize for the treatment of the unhappy sufferers, or admit the vicious neglect of their attendants. In

* "Description of the Retreat," 1813, by Samuel Tuke, the grandson of the founder. Having united together for many years in the same object (the latter living to the advanced age of ninety) their names are often confounded together.

the construction of asylums cure and comfort ought to be as much considered as security; and I have no hesitation in declaring, that a system which, by limiting the power of the attendant, obliges him not to neglect his duty, and makes it his interest to obtain the good opinion of those under his care, provides more effectually for the safety of the keeper, as well as of the patient, than all the apparatus of chains, darkness, and anodynes."

At page 156 we read,—“The female patients in the Retreat are employed as much as possible in sewing, knitting, or domestic affairs; and several of the convalescents assist the attendants. Of all the modes by which the patients may be induced to restrain themselves, regular employment is perhaps the most generally efficacious; and those kinds of employment are doubtless to be preferred, both on a moral and a physical account, which are accompanied by considerable bodily action, that are most agreeable to the patient, and which are most opposite to the illusions of his disease.

“When fear is too much excited, and where it becomes the chief motive of action, it certainly tends to contract the understanding, to weaken the benevolent affections, and to debase the mind. It is therefore wise to excite as much as possible the operation of superior motives; and fear ought only to be induced when a *necessary* object cannot otherwise be obtained.” “If it be true that oppression makes a *wise* man mad, is it to be supposed that stripes, and insults, and injuries, for which the receiver knows no cause, are calculated to make a *madman* wise? or would they not exasperate his disease, and excite his resentment? May we not hence most clearly perceive why furious mania is almost a stranger at the Retreat? why all the patients wear clothes, and are generally induced to adopt orderly habits?”

The last extract we shall make refers to mechanical restraint and seclusion. "Except in the case of violent mania, which is far from being of frequent occurrence, coercion, when requisite, is considered as a necessary evil; that is, it is thought abstractedly to have *a tendency to retard the cure, by opposing the influence of the moral remedies employed*. It is therefore used very sparingly; and the superintendent has often assured me, that he would rather run some risk than have recourse to restraint when it was not absolutely necessary. I feel no small satisfaction in stating upon his authority that during the last year, in which the number of patients has generally been sixty-four, there has not been occasion to seclude, on an average, two patients at one time. I am also able to state, that although it is occasionally necessary to restrain by the waistcoat, straps, or other means, several patients at one time, yet that the average number so restrained does not exceed four, *including those who are secluded*. It deserves enquiry, whether the extensive practice of coercion which obtains in some institutions, does not arise from erroneous views of the character of insane persons; from indifference to their comfort; or from having rendered coercion necessary by previous unkind treatment."

The publication of these sentiments, accompanied by an account of their successful practical adoption, had an immediate effect. The medical superintendent of the York asylum took offence at the mention of the fact, that the establishment of the Retreat was suggested by dissatisfaction with the treatment of a patient in a neighbouring asylum. A long paper controversy ensued in the local papers, during which, a case of gross ill treatment in the asylum came to light; the public were aroused; a committee of enquiry was formed; the result is well known—the most fearful

abuses were discovered and every officer and servant dismissed. These abuses it is necessary briefly to mention, because they were shown to have existed for many years previously, and hence they illustrate the condition of the insane at the period when a more enlightened moral management was introduced. By this contrast can we alone fully realize the importance and reality of reforms which have taken place in respect to the treatment of the most pitiable class of the human race.

We proceed to consider the condition of the asylum under various heads, and are mainly indebted for the particulars to Dr. Thurnam's laborious work, the "Statistics of Insanity," and the local publications of that period.

I.—Means for exercise, occupation, and amusement.

There were no day rooms with contiguous airing courts, and there were but two courts for all classes of patients except the opulent, who took their exercise in the garden. All the rest of the men, amounting in all to *more than one hundred*, were turned into one court; and the women, amounting to about 70, into the other. In neither of these courts was there any provision for shelter against the rain or heat. "In this way, you might see" says one of the reforming governors "more than 100 poor creatures shut up together, unattended and uninspected by any one; the lowest paupers and persons of respectable habits, the melancholic and the maniac, the calm and the restless, the convalescent, and the incurable." . . . It was discovered that several patients had been killed by their companions.

II.—Internal economy and government.

There was a general want of order and discipline throughout the house; the proportion of attendants to

patients was as follows :—four male and three female attendants to 200 patients, 122 men and 77 women ; the number originally fixed upon when there were only 54 patients !

III.—Ventilation, cleanliness, &c.

The asylum was excessively crowded ; 160 patients being placed in the original main building only designed for 54. . . . Some slept *three in a bed* and the air in consequence became extremely offensive and unhealthy. . . . It was almost impossible to conceive any place in a more damp and offensive state than one part of the building called “the low grates.” The light in several of these rooms on the ground floor was obstructed by the erection of pig-styes and other disagreeable offices, and the little air which was admitted, passed immediately over these places.

IV.—Clothing, personal cleanliness, &c.

Many of the patients were altogether unprovided with shoes and stockings, and the rugs and blankets which formed their bed covering, were too short to cover the feet. Added to this, there was “gross neglect of cleanliness and attention to the person,” as was shown by the vermin and filth, with which it was proved the patients were in several instances covered. One of the governors visiting the asylum (six months after the commencement of the investigation) in April 1814, between 10 and 11 a.m. “found a male patient without any clothes whatever standing in a washhouse, on a wet stone floor, apparently in the last stage of decay ; he was indeed a mere skeleton ; his thighs were nearly covered with excrement in a dry state ; and those parts which were not so, appeared excoriated, as did also some parts of his waist. An attendant who was called, said that the patient was not accustomed to leave

his bed ; that he was a mere child and could do nothing for himself ; that his attendant was *busy killing pigs*, and could not therefore attend to him ! The bed which he was said to have left was in the most filthy state, and corresponded with that of the body. He was spoken of by all as a dying man. The further history of this poor creature proved however the fallacy of appearances. He was removed to another part of the asylum where he was better attended, and in a few months was so much recovered as to be removed to his parish in an inoffensive though imbecile state of mind." One of the keepers gave in evidence that "when patients are very violent, and the waistcoat makes their arms swell, it is taken off, and they are put in the cells. They stay there two or three days, or as much as a week, if very violent. They have blankets and straw ; they are sometimes put in without a shirt on," &c. It was stated by a patient who had left the asylum recovered, that when he was a patient he was shut up, for a week or more at a time, in a dark cell naked, sometimes with another patient ; that he was obliged to attend to the calls of nature in the corner of the room ; and that the straw was not changed for a considerable number of days.* Four secret cells were discovered, which were about 8 feet square, and in a state of filth disgusting beyond description, they were covered with straw which was perfectly soaked with urine and excrement, and were occupied at night by thirteen most miserable looking women, who during the day were crowded into a room measuring 12 feet by 7 ; in one of the cells there was a chain with handcuffs affixed, fastened to a new board in the floor.

* The evidence of patients however, and even attendants, must be received with caution. The evidence of the governors and visiting magistrates is much more conclusive.

V.—Diet.

The upper classes had tea twice a day : the lower classes no tea, but gruel, or milk and oatmeal for breakfast. The paupers and middle class of patients had both three meagre days, and the paupers had roast meat only on Sundays. On Saturdays the middle class had principally cold meat, and the lowest class had offal in hash.

VI.—Moral Treatment.

The extent to which strait waistcoats, handcuffs and chains were employed, has been already spoken of. “A set of remarkably heavy irons, which are still preserved at the asylum, were also discovered a few days afterwards in a closet. It likewise cannot be concealed that there is great reason for concluding that corporal chastisement and personal cruelty were not uncommonly practised by the keepers, and that until a short period at least before the reform of the establishment, flogging and cudgelling were systematically resorted to, with the view of reducing violent and excited patients to obedience and submission.”

The foregoing details may be appropriately concluded by the following quotation from the *British and Foreign Medical Review*, vol. ix. p. 146, in which the writer says “the York asylum was for the long period of thirty-seven years (1777—1814) the scene of every abuse that rapacity and inhumanity could crowd into a single institution. The mere recital at the present day would exceed belief. Suffice it to mention, that among the instances of mismanagement gradually brought to light, were the most aggravated neglect of all medical and moral treatment; every species of cruelty; much gross immorality; every practicable variety of shabby embezzlement and peculation; false

reports—in which especially the *deaths* were concealed, even so many as 100 at a time, the occasional disappearance of patients supposed to have been murdered outright and returned in the reports as dead, or removed, or cured; and as a grand and appropriate finale, a very strong suspicion of the building itself being wilfully set on fire, in the hope of destroying some of the books or patients.”

No apology, it is hoped, is required for having thus entered somewhat minutely into these particulars, seeing that any history of insanity embracing this period, would be most defective, were it to pass hastily over the circumstances which at once illustrate so forcibly the nature of the old system, and contributed in so marked a manner to the introduction of the new. It is strange, that although a better system of treatment was introduced so long before, the reform in the asylums in England generally, should not have taken place before 1814.

We have now passed in review the condition of two asylums, presenting, in respect of moral management, the most remarkable differences. What was true of the York asylum, was alike true, to a certain extent, of a great number of the English asylums; but the treatment adopted at the Retreat, had, during the interval which elapsed between its foundation and the destruction of the York asylum, extended to a few of the institutions of the insane—among which we may mention the asylum at Glasgow, projected in 1808.

The asylums of Bedford and Nottingham were opened in 1812.

Were we engaged in writing a detailed history of insanity during the period assigned us, it would be necessary to particularize individual asylums; but as our object is rather to present a general view of the progress

of the moral treatment of the insane, a reference to the treatment pursued in every particular asylum would be out of place in the present Essay.

These two opposite systems of treatment struggled for the mastery; but it must be borne in mind, that although that management of the insane which consisted so essentially in mechanical restraint had, in some instances, as at York, its origin in cruelty and recklessness, its general use arose from the idea impressed upon the superintendents of asylums, no less by the highest authorities than by antiquity, that it was the necessary and the best mode of treatment. It was connected with a theoretical ignorance of the nature and pathology of insanity, and with a practical want of acquaintance with the habits and tendencies of the insane. If then, to determine the condition of the moral management of the insane in England during the period extending from 1792 to 1814, we review the then existing asylums, we shall find—1st. A total absence of moral management in the greater number of asylums (as at York). 2nd. A very high degree of moral management in which mechanical restraint was rarely employed, and then of the mildest kind (as at the Retreat). 3rd. A considerable amount of moral government, but combined with the extensive use of mechanical restraint, not from cruelty but from ignorance.

Under the first class we meet with chains, stripes, and a filthy condition of the person of the lunatic. In the second, we find the waistcoat or a strap, occasionally resorted to in extreme cases; but the almost sole reliance placed upon strictly moral means—persuasion, gentleness, and sympathy. In the third class we see the waistcoat, seclusion, chairs, &c. in constant use, many patients being never free from mechanical restraint.

With a few noble exceptions then, we must regard the

condition of the insane as most deplorable up to the year 1814—prior to which only a few struggling rays of light pierced the fearful night of darkness in which psychological therapeutics were enshrouded; and we leave the consideration of this period with painful reflections on the slow advance of correct and humane principles, even after the right way has been indicated, when opposed by the authority of ages, the ignorance of the multitude, and the cruelty and cupidity of those interested in the continuance of an abuse.

All honour to the men, whether in our own country or in France, whose warm hearts and enlightened judgments perceived the inhumanity of the system they found, and relying on the justice of their cause, broke in pieces the iron manacles which confounded the lunatic with the felon, and swept away that mass of inhuman treatment which reduced him to the level of the brute.

“Egregia sane laus! Præclaram enim humanitas atque disciplina de barbarie reportavit victoriam.”

CHAPTER V.

(PERIOD 1814-1839.)

It cannot be doubted that the exposure of the abuses existing in the York and some other large asylums awakened the public mind in an extraordinary degree, and aroused strong suspicions as to the probable condition of similar institutions. Hence it is usual to date to this period the general desire for improvement which now became manifest, on the part not only of the public, but of medical men specially engaged in the treatment of mental diseases. Old

asylums were remodelled; the whip and chain discarded, and milder modes of coercion introduced. New asylums were erected, superintended by men of intelligence and humanity, who, recognizing the supreme importance of moral treatment, endeavoured to employ as little as (was then thought) possible, any form of mechanical restraint.

Gross as were the examples, therefore, of an opposite state of things, we may I think fairly take the above as a just representation of the tendency of the treatment of the insane during the twenty-five years which we are now reviewing. Something was also done towards spreading information on the nature of insanity. A writer in the *Medico-Chirurgical Review* however observes: "It seems almost incredible that this rich field for study should have been so little cultivated, that with the exception of Sir Alexander Morison, no one that we know of, has ever delivered a course of lectures upon the subject until the recent ones of Drs. Conolly and Sutherland.

Sir Alexander Morison's lectures were commenced in 1823 and continue to the present time (1845); and the fact of only 150 gentlemen having attended them during this long period, proves how little alive medical men have been to the importance of the subject."

During this period the following asylums were opened, *viz.*: Norfolk (1814); Lancaster (1816); Stafford (1818); York (West Riding), 1818; Lincoln (1820); Cornwall (1820); Gloucester (1823); Warneford near Oxford (1826); Chester (1829); Suffolk (1829); Middlesex (1831); Dorset (1832); Kent (1833); Leicester (1837); Northampton (1838).

We have now arrived at that important stage of our history when the experiment of the entire abolition of mechanical restraint was to be tried. The scene of this

experiment was the Lincoln asylum. How gradual was its introduction the following table will show :—

TABLE.

Year.	Total number in the House.	Total number Restrained.	Total number of instances of Restraint.	Total number of hours under Restraint.
1829	72	39	1,727	20,424
1830	92	54	2,364	27,113
1831	70	40	1,004	10,830
1832	81	55	1,401	15,671
1833	87	44	1,109	12,003
1834	109	45	647	6,597
1835	108	28	323	2,874
1836	115	12	39	334
1837	130	2	3	28

Here we observe that in 1829, more than half the number of the inmates were subjected to mechanical restraint, while in 1836, out of 115 patients only twelve were so confined; and that in (March) 1837 there were only two out of 130; at which date the practice was wholly discontinued.

As illustrating “the successive improvements which have taken place in the treatment of the insane,” it will be needful to trace the course of this experiment, by making extracts from the minutes of the Board, &c. of the asylum.

1819. *Rule 75.* That the attendants and servants never presume to use any degree of restraint or violence without the consent of the director.

1828, *Oct. 13.* Resolved:—1. That every instrument of restraint, without exception, *when not in use*, be hung up in a place distinctly appropriated in some easily accessible part of the Asylum, so that the *number in use at any time*, the nature of such instruments, and their state of cleanliness may appear. * * 2. That the Physicians be requested to consider whether it be possible to make any improvement in the means of restraint now in use, and especially for obviating the use of the strait waistcoat.

1829, *February 16th*. Resolved :—That it appears to this Board, after full enquiry, that ——— died in consequence of being strapped to the bed in a strait waistcoat during the night. Ordered :—1. That the use of the waistcoat be discontinued in this institution, except under the special written order of the Physician of the month, and that an attendant do continue in the room all night, whenever its use during the night shall be ordered. 2. That the Director do keep a journal, in which he shall make daily entry of every Restraint and severity used in this institution, specifying the nature of the Restraint or severity applied, and the hours at which the same commenced and ended.

1829, *May 4th*. Ordered :—1. That the heaviest pair of iron hobbles (weight, 3lbs. 8oz.) and the heaviest pair of iron handcuffs (weight, 1lb. 5oz.) be destroyed. 2. That of the eleven strait waistcoats now belonging to the house, the worst five be destroyed.

1832, *July 16th*. Ordered :—1. That buckskin and round-cornered buckles be used for the hobbles. 2. That a leathern belt, for temporary security of patients becoming suddenly violent, be kept in the attendants' rooms. 3. That two strong dresses be procured for the male patients who tear their clothes.

1833. (Report) The propensity of some patients to destroy their wearing apparel has been found a great inconvenience in all asylums and has introduced the use of the "muff," an instrument open to some of the worst objections against the waistcoat; but now nearly superseded in the Lincoln asylum by adopting for such persons a dress which is not torn without great difficulty.

1834, *March*. (Report) Strangers who visit the Lincoln Lunatic Asylum, usually express their great surprise at the

freedom enjoyed by the patients and the rarity of even individual instances of personal restraint. * *

1834, *July 21st.* Ordered:—That the instruments of restraint now produced—strait waistcoats, jacket and sleeves, muffs—*being unnecessary, be destroyed.*

1835, *April.* (Report) A further review of the instruments of restraint has reduced them to four simple methods, *viz*:—

Day—1. The wrists secured by a flexible connection with a belt round the waist. 2. The ankles secured by a flexible connection with each other.

Night—3. One or both wrists attached by a flexible connection to the side of the bed. 4. The feet placed in night shoes, similarly attached to the foot of the bed. But it is added, that “strong dresses which cannot readily be torn, and list shoes, generally supersede the necessity of any restraint, even in excited cases.”

1835, *October 14th.* Ordered:—That strong dresses of barragon or sacking be procured for the patients who tear their clothes, to prevent the necessity of Restraints.

1837 *March.* *From this date all restraint whatever has been disused at Lincoln.*

In connection with the foregoing proceedings, it must be mentioned that the entries of the visitors and the reports of the Physicians alike agree in describing the condition of the patients as much improved, the quiet of the house increased, and the number of accidents and suicides materially reduced in number. “There is now,” says the fourteenth annual report, “an increased confidence that the anticipations of the last year may be fulfilled, and that an example may be offered of a public asylum, in which undivided personal attention towards the patients shall be altogether substituted for the use of instruments of Restraint. The bold concep-

tion of pushing the mitigation of Restraint to the extent of actually and formally abolishing the practice, mentioned in the last Report, as due to Mr. Hill the house surgeon, seems to be justified by the following abstract* of a statistical table, showing the rapid advance of the abatement of Restraint in this asylum, under an improved construction of the building, night watching, and attentive supervision."

It would appear that the mitigation of restraint as evidenced by these minutes (which commence with 1819) "was ever the principle pressed upon the attention of the boards of the Lincoln asylum by its humane and able physician, Dr. Charlesworth; at whose suggestion many of the more cruel instruments of Restraint were long since destroyed, very many valuable improvements and facilities gradually adopted, and machinery set in motion, which has led to the unhopcd-for result of actual abolition, under a firm determination to work out the system to its utmost applicable limits."†

Mr. Hill became house surgeon in 1835—and it will be seen by the table already given, that the amount of restraint which in consequence of Dr. Charlesworth's exertions had so much decreased, became less and less under the united efforts of these gentlemen, until the close of the year 1837, when restraint was entirely abolished; and while on the one hand, as Mr. Hill frankly acknowledges, "to his (Dr. Charlesworth's) steady support under many difficulties, I owe chiefly the success which has attended my plans and labours;" while Dr. C.'s great merit, both before and after Mr. Hill's appointment, must never be overlooked—it is only due to the latter gentleman to admit that he was the first to assert the principle of the entire *abolition* of mechanical

* *Vide* p. 79.

† Hill on Lunatic Asylums. *Preface*.

Restraint—as is stated in the paragraph quoted from the fourteenth annual report; which report is signed by Dr. Charlesworth himself. And it is also right to state, that the subsequent unsatisfactory condition of the Lincoln asylum must not be attributed to Mr. Hill—he having left it in 1840.

The experiment then commenced by Dr. Charlesworth and completed by Mr. Hill, had resulted in establishing the *possibility* of the discontinuance of mechanical restraint even for a longer period than at the York Retreat. And it led to the adoption on the part of not a few, devoted to the subject of insanity, of what is now so well known as the Non-Restraint System. However much it was practically discontinued at York, it was now for the first time laid down *as a principle*—that in *no case* was mechanical restraint necessary. “I assert then, in plain and distinct terms, that in a properly constructed building, with a sufficient number of suitable attendants, restraint is *never necessary, never justifiable*, and always injurious, in *all cases* of lunacy whatever.”*

This we repeat was a principle never laid down in this unqualified manner before; and never before was it accompanied by the practical exhibition of the principle in the total abolition of all personal restraint throughout an asylum.

Experience could alone determine the practicability of this theory; for we submit, that it is an extreme and unwarrantable view of the subject, which starts with the assumption that the principle of personal restraint is necessarily wrong in itself; because we cannot but regard the distinction in practice to be in some instances arbitrary, and we cannot but admit that there is *some* justice in the following remarks of the Commissioners:—

* Hill on Lunatic Asylums, 1838.

except upon very grave deliberation, and after the failure of all other methods."

To return to our history. For a time there were certainly some drawbacks to the success of the Lincoln experiment from the serious physical effects (such as broken ribs, &c.) which occasionally resulted from the struggles between attendants and patients; and it is highly probable that had not the experiment been carried out on a large scale at Hanwell by Dr. Conolly, with much greater success, that a reaction would have ensued of infinite injury to the cause of the insane.

We shall speak subsequently of the substitutes for mechanical restraint.

We will only add to the history of insanity during this period, that the employment of patients, both in-doors and out, was carried to a much greater extent than previously, and that great credit is due to the efforts made in this respect by Sir William Ellis, both at Wakefield and Hanwell.

CHAPTER VI.

(PERIOD 1839-1853.)

We brought down in our last chapter, the history of the treatment of the insane to the very important period when mechanical restraint was abolished on principle in the Lincoln asylum; and we briefly reviewed the differences of opinion existing among humane and well qualified observers as to the propriety of laying down an inflexible law prohibiting the use of mechanical restraint in all cases whatever.

We must now notice the practical trial of this theory on a much larger number of patients, and these of a class most likely to require coercion. Dr. Conolly went to Hanwell

in 1839, and in the first Report we read, "the article of treatment in which the resident physician has thought it expedient to depart the most widely from the previous practice of the asylum, has been that which relates to the personal *coercion* or forcible restraint of the refractory patients. . . . By a list of restraints appended to this Report it will be seen, that the daily number in restraint was in July so reduced, that there were sometimes only four, and never more than fourteen in restraint at one time (out of 800); but since the middle of August there has not been one patient in restraint on the female side of the house; and since September 21st, not one on either side. . . . For patients who take off or destroy their clothes, strong dresses are provided, secured round the waist by a leathern belt fastened by a small lock. . . . No form of strait waistcoat, no hand straps, no leg locks, nor any contrivance confining the trunk or limbs or any of the muscles is now in use.

The coercion chairs, about forty in number, have been altogether removed from the wards. . . . Several patients formerly consigned to them, silent and stupid, and sinking into fatuity, may now be seen cheerfully moving about the wards or airing courts; and there can be no question that they have been happily set free from a thralldom of which one constant and lamentable consequence was the acquisition of uncleanly habits."

In the fifty-third Report (April, 1840), the visiting justices report, that there has not been a single occurrence to weaken their confidence in the practicable nature of the system; and "that no increased destruction of clothing or other property is occasioned by the personal freedom which the patients enjoy. Indeed so far as clothing is concerned, the amount of destruction is somewhat lessened, because of

the general tranquillity of the patients from the adoption of the new system."

In a later Report (October, 1844), Dr. Conolly states, "it is to be ascribed to the want of opportunities of observation that such a simple exclusion of irritations from an irritable mind—an exclusion not found to be necessary in more than four or five instances in any one day in the year among 1000 patients, and seldom prolonged beyond four or five hours in any of those instances, during which time the patient's state is frequently ascertained by means of the inspection plate in the door of his room, and all his reasonable wants and wishes are attended to—should have ever been confounded with the idea of solitary confinement; the latter in reality comprehending a privation of almost all the stimuli upon which the integrity of intellectual and physical life depends. . . . After five years' experience I have no hesitation in recording my opinion, that with a well constituted governing body, animated by philanthropy, directed by intelligence, and acting by means of proper officers entrusted with a due degree of authority over attendants properly selected and capable of exercising an efficient superintendence over the patients, there is no asylum in the world in which mechanical restraint may not be abolished, not only with safety, but with incalculable advantages."

The subsequent experience of this asylum has, in the estimation of Dr. Conolly, only confirmed the truth of the above sentiments.

Thus then, whatever view we may take of the doctrine of the abolition of mechanical restraint, we cannot deny, that simply as an experiment, the attempt made at Hanwell, and now conducted for thirteen years, is one of very great interest, and has proved the *possibility* of governing the

insane with much less restraint than was heretofore thought necessary.

We shall next refer to the proceedings of some other lunatic asylums in regard to restraint at this period ; for our information on this subject we are chiefly indebted to the Commissioners' Reports, 1844.

" In some asylums, both public and private, the superintendents and proprietors state, that they manage their patients without having recourse to any kind of restraint whatever. In other asylums it is affirmed, that the disuse of restraint is their rule and system, and that its use in cases of necessity or expediency, forms the exception to the rule In every public and private asylum in the kingdom, which is well managed, bodily restraint is not permitted except in extreme cases, and under the express sanction of a competent superintendent.

" The Non-Restraint System was adopted at Lancaster in 1840. The same system has been in operation for some years in the Suffolk asylum ; and is now (1844) in practice at Gloucester ; and has been pursued at Northampton from its opening in 1838 ; and at the Haslar hospital it had been in operation fifteen months, at our visit in 1843. The superintendents of these asylums have all steadily pursued this system since its introduction, and as they consider with great advantage to their patients ; but they still think it necessary to restrain the limbs during surgical operations. At the Suffolk asylum also mechanical restraint is not resorted to. . . . The only person under restraint at the Kent asylum, in which was a large proportion of most violent female patients, was a powerful and dangerous man, who is disposed to strike and injure the other patients, and especially those who are not so strong as himself. At the Nottingham asylum, when visited in 1843, no restraint had

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been used during the previous year, except in four cases, and in those for surgical purposes. . . . At the Wakefield asylum there were ten patients under restraint.

“Licensed Houses.—At Durham Park and Fairford, restraint is stated not to be employed under any circumstances. The proprietors of almost all the best managed asylums for patients, employ restraint only in extreme cases. Out of fifty-four provincial asylums, in thirty-seven none, and in fifteen only one patient was under restraint at our visit. In the Metropolitan district out of thirty-three, in twenty-two none, and in six only one was in restraint. At the White and Red Houses, Bethnal Green, there are 575 patients; in these we seldom find more than one or two persons under restraint, and in four out of our last eight visits not one. At Hoxton, containing upwards of 400 patients, there are frequently eight or ten in restraint. Lincoln asylum is the only place in which even seclusion is not resorted to.

“Of the superintendents of asylums not employing mechanical restraint, those of the hospitals of Lincoln, Northampton, and Haslar, and of the county asylum at Hanwell, appear to consider that it is not necessary in any case whatever to resort to it, except for surgical purposes. On the other hand, the superintendent at Lancaster hesitates in giving an opinion decidedly in favour of the Non-Restraint System; he thinks that although much may be done without mechanical restraint of any kind, there are occasionally cases in which it may not only be necessary but beneficial. The superintendent of the Suffolk asylum considers that in certain cases, and more especially in a crowded and imperfectly constructed asylum like the one under his charge, mechanical restraint, judiciously applied, might be preferable to any other species of coercion, as being

both less irritating and more effectual. The superintendent of the Gloucester asylum states that he has adopted the disuse of mechanical restraint upon the conviction which his experience has given him during a trial of nearly three years. Of the superintendents of asylums who employ restraint, those of the Retreat at York, of the Warneford asylum, and of the hospitals at Exeter, Manchester, Liverpool, and St. Luke's, consider, that although the cases are extremely rare in which restraint should be applied, it is in some instances necessary. Similar opinions are entertained by the superintendents of the county asylums of Bedford, Chester, Cornwall, Dorset, Kent, Norfolk, Nottingham, Leicester, Stafford, and the West Riding of York. At the Retreat at York, mechanical or personal restraint has always been regarded as a "necessary evil," but it has not been thought right to dispense with the use of a mild and protecting personal restraint, believing, that independent of all considerations for the safety of the attendants and of the patients themselves, it may in many cases be regarded as the least irritating, and therefore the kindest method of control. Eight of the superintendents, employing bodily restraint, have stated their opinion to be that it is in some cases beneficial as well as necessary, and valuable as a precaution and a remedial agent; and three of them have stated that they consider it less irritating than holding with the hands; and one of them prefers it to seclusion."

We subjoin the following important statistical table, showing the number of patients under restraint in seventeen English asylums in the year 1844:—

TABLE *shewing the number of Patients under Restraint in seventeen English asylums in the year 1844.*

Asylums.	No. Confined.	No. under Restraint.
The Retreat	99	0
York Asylum	159	1
St. Luke's	222	1
Radcliffe	42	0
Liverpool	73	1
Exeter.....	48	1
Bedford	140	4
Chester	157	1
Cornwall.....	147	0
Dorset.....	105	0
Kent	253	1
Leicester.....	114	2
Nottingham	159	0
Norfolk ..	164	0
Stafford	244	1
Surrey.....	344	1
Wakefield	398	10
	2868	24

Thus out of seventeen asylums in six there was none, in eight there was 1 in restraint; while in the remaining three, one had 2, another 4, and the last 10 under restraint. In other words, seventeen asylums containing 2868 patients had, when visited by the Commissioners, only twenty-four persons mechanically restrained. We may also add that while the weekly average at Bethlem was eleven in 1839, it was only three in 1844.

Turning our attention to Ireland we find from the Report of the Richmond asylum, Dublin, in 1843, that personal restraint had very much diminished for several previous years, and as a general rule was then done away with, although exceptions might occur.

At St. Patrick's asylum, (Dublin), non-restraint was adopted prior to 1845.

The condition of the insane in America in regard to moral management deserves a passing notice. So far back

as 1840, we find Dr. Woodward stating in his elaborate Report of the State Lunatic Asylum, at Worcester, that of 230 patients only one was at the time of his writing, in personal restraint, and that five only were in strong rooms, in consequence of violence; whilst under a system of such leniency "the furious and violent have become cleanly and respectful; and the circumstances in which they are now situated, contrasted with the condition of suffering and wretchedness in which they formerly were, exhibit great improvement and decided benefit."

In a recent Report of the Bloomingdale Asylum we read, "We have never become proselytes to the doctrine of the absolutely entire disuse of all restraining apparatuses. There are exceptions to all rules which are not governed by the invariable laws of mathematics, or of moral right, and no argument however subtle or specious, or to appearances however strongly based theoretically upon benevolence, philanthropy, kindness, and the golden rule of 'doing to others,' can overthrow our belief, founded on the observation of several years, that there are cases in which the welfare of the patient and the dictates of true humanity require a resort to some restraining means. The truth of this proposition may be and perhaps is acknowledged by all. Let those who in their recession from left-hand defections have in our judgment fallen into right-hand errors assert that whatever restraint be applied should be that of the hands of the attendants. To this substitute or subterfuge we cannot resort, knowing as we do the greater irritation produced in a patient by being held by the hands of attendants than by having his limbs confined by mechanical appliances. In the former, mind struggles with mind; in the latter, with matter alone. The only means of restraint now used in the asylum are the camisole or long sleeve, leathern

muffs for the hands, and the invaluable apparatus invented by Dr Rufus Wyman for confining a patient in bed. The camisole is in nearly all cases sufficient. During the last three years the muffs have not been used in more than two or three cases annually, and in those but for a day or two or at most a few days each. There was one period of thirteen months during which restraint was resorted to in but two cases in the men's department. In one of these the patient while in a condition of typhoid delirium, wore a camisole three days, and in the other, the patient's hands were similarly confined a few hours to ensure the vesication of a blister."

But to return to England. While the moral management of the insane was progressing in the majority of the establishments for their care, the condition of other asylums was bad in the extreme; and it is necessary to describe that condition here in regard to several, in order to illustrate the history of the treatment of the insane in this country. We take the year 1844, and shall notice the following asylums:—Haverfordwest; West Auckland; Kingsdon House, and Plympton. (Commissioners' Report)

1. *Haverfordwest, County Pembroke.*—Deficient in every comfort and almost every convenience; the rooms small and ill ventilated, some of the lower rooms being almost dark. . . . No seat or table or any article of furniture in the women's room, and nothing except a table in the men's room. . . . The dress of the patients was in almost every instance dirty, ragged, and insufficient. There was not a single change of linen, either for beds or the person, throughout the asylum. . . . The refractory patients were confined in strong chairs, their arms being also fastened to the chair. One of these, a woman, was entirely

naked, on both the days the Commissioners visited the asylum, and without doubt during the night. The stench was so offensive, that it was almost impossible to remain there.

2. *West Auckland*.—The violent and quiet, the dirty and the clean, were shut up together. There was only one small walled yard, and when the one sex was in it the other was locked up. . . . In the small cheerless day room of the males with only one (unglazed) window, five men were restrained by leg locks, called hobbles, and two were wearing in addition, iron handcuffs and fetters from the wrist to the ankle: they were all tranquil. . . . One woman was leg-locked by day and chained to her bed at night. Chains were fastened to the floors in many places and to many of the bedsteads. The males throughout the house slept two in one bed. . . . The medical attendant considered that “bleedings, blisters, and setons,” were the principal resources of medicine for relieving maniacal excitement.

3. *Kingsdon House, Box near Bath*.—There were seven females under restraint; two had strait waistcoats, two had their arms fixed in iron frames, not allowing the freedom of hand locks, and three had iron leg locks; one female was chained by her legs to a wooden seat in a paved passage; eight or ten of the females were fastened by straps and chains to their beds at night. One male was chained by his leg to a seat in the yard, and another male was chained to his bed at night.

4. *Plympton, Devon*.—In one of the cells for the women, the dimensions of which were eight feet by four, and in which there was no table, and only two wooden seats, we found three females confined. There was no glazing to

the window, and the floor of the place was perfectly wet with urine. The two dark cells which adjoin the cell used for a day room, are the sleeping places for these three unfortunate beings. Two of them sleep in two cribs in one cell. The floor in the cell with two cribs was actually reeking wet with urine, and covered with straw and filth. There is no window and no place for light or air, except a grate over the doors.

So much for the dark side of the treatment of the insane at this period. It is a proof that the progressive changes in the moral management of the lunatic had not extended to all our asylums in 1844.

It may be remarked here that the history of the Lincoln Lunatic Asylum, since the date at which we left it, has not been so favourable an example as we could have desired of the benefits of the Non-Restraint System : but this appears mainly to arise from their imperfect substitute for coercion, the unfortunate arrangements in regard to the duties of the visiting physicians, and the absence of classification. The Commissioners appear to have arrived at this conclusion and "offer no objection to the system," though at the same time they find great fault with the general condition of the house.

With regard to the Retreat, it may also be interesting to learn what course it has pursued during the last ten years in regard to restraint. Its excellent superintendent John Kitching, has kindly furnished me with the following table—and observes "that when restraint was applied to the same case in a different month, it is reckoned as a fresh case." The waistcoat, the wristband, and the waist strap, were the modes of restraint employed.

TABLE *shewing the amount of Mechanical Restraint at the Retreat, York, during the last ten years (1842-1852).*

Year.	Jan.	Feb.	Mar.	Apr.	May.	June	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Tota.
1843	1	0	0	0	0	0	0	0	0	0	0	1	2
1844	0	0	0	0	1	1	0	1	0	1	0	0	4
1845	0	0	0	0	0	0	0	0	0	0	0	0	0
1846	0	0	0	0	1	0	0	1	0	0	0	0	2
1847	0	0	0	0	0	0	0	0	0	0	0	1	1
1848	2	0	0	0	0	0	0	0	0	0	0	0	2
1849	0	0	0	0	0	0	0	0	0	0	0	0	0
1850	0	0	1	0	0	0	1	0	0	0	0	0	2
1851	1	0	0	0	0	0	0	0	0	0	0	0	1
1852	1	0	0	0	0	0	0	0	0	1	0	0	2
Total	5	0	1	0	2	1	1	2	0	2	0	2	16

It appears that in most cases, restraint was employed for a very short period, and that others were cases of a purely surgical character.* The superintendent states, that “up to 1847 it seems that restraint was occasionally used for ‘general and destructive violence.’ Since that time it has been used twice on our patients for surgical purposes.”

Dr Thurnam, in reply to an enquiry as to his opinion of the Non-Restraint System thus writes:—“I do not believe that the cases are other than most exceptional, in which seclusion (of course in connection with the appropriate therapeutic treatment, whatever this may be) is not a ‘safe and sufficient means of restraint.’ I have indeed seen, and can imagine other cases of an inveterate propensity to self-injury (by gnawing the flesh, &c., &c.), in which probably the really right course would be a combination of “*restraint*,” and personal vigilance with soothing medical treatment, during the continuance of the paroxysm. Such cases are truly exceptional, and could not properly be met by the *mere* use of restraint as under the old system. In an asylum peopled as this was with old cases from private

* When this Essay was written the writer was not attached to the Retreat.

asylums, there are of course a certain number of 'dirty patients,' but by the sedulous use of attentions and precautions (as in the case of infants) the number of them gradually lessens. So far from the old restraint chair having any advantage, I regard it as positively injurious and merely ministering to the indolence and neglect of attendants."

Sufficient evidence has been adduced to prove that great improvements have taken place in the government of asylums during the last ten years; that the standard of the comfort of the insane has been very much raised; and that in regard to the question of Non-Restraint, the practice has been to a great extent adopted. Since the Report of the Commissioners in 1844, therefore, there has been a decided advance in its favour. They themselves have become thoroughly friendly to the system, and in reference to its progress, state in a recent Report, that "instances of mechanical restraint in public asylums are very few; that even in licensed houses, the practice is an exception to the general rule, and that the modes of restraint now adopted are such as to pain and irritate the patient as little as possible. The massive bars, the rings, and chains of iron, formerly resorted to are now no longer seen. In short the triumph of the Non-Restraint principle is almost accomplished."

Note.—The answers to the circular lately issued by the Commissioners to the superintendents of asylums will exhibit (when published) the amount of mechanical restraint employed in 1854, and will afford an opportunity of comparing it with the Report ten years since.

CHAPTER VII.

CONTRIVANCES ADOPTED IN THE PLACE OF MECHANICAL RESTRAINT.

To some extent we have necessarily anticipated the subject of the present chapter, while speaking of the successive changes made in the treatment of the insane ; it will however be needful to consider more in detail, the various contrivances which have been substituted for personal coercion.

But here at the outset we would observe that any view would be extremely defective which should regard mechanical contrivances alone as the substitutes for personal restraint—and should exclude from consideration those moral means, the development and exercise of which have alone rendered the Non-Restraint System a possibility, and in the absence of which the nominal adoption of this system is emphatically a “delusion and a snare.” We do not hesitate to assert that under a defective moral system of government, an inefficient superintendent, and attendants not of the highest moral stamp, any asylum discarding mechanical restraint will not only have gained no real advantage, but will probably have exposed the patients to another, and it is possible a worse form of coercion. In such an asylum the visitor might hear with delight that *there* mechanical restraint was totally abolished, and congratulate himself upon the progress of the age ; but he ought to reserve his congratulations till he has witnessed the daily encounters between furious maniacs and attendants exasperated, vindictive, and often positively cruel. Here he might often witness scenes as painful to his feelings, as could be met with in asylums where mechanical restraint is resorted

to—scenes in which he would recognize as much evil to the patient, or more, than if a strait waistcoat were employed.

Hence, then, of primary importance in the consideration of the *substitutes* for restraint, is the moral character of the government of the asylum, using the term in its largest sense. With it, the Non-Restraint System is practicable and beneficial; without it, however high sounding, and grateful to the public ear, the system carries with it a very questionable advantage.

The grand secret of the right treatment of the insane lies in those golden words of Esquirol:—"To truly benefit the lunatic, one must love him and devote oneself to him."

This principle stands in complete antagonism to the treatment of the insane half a century ago. It is this great idea which we should ever wish to place as the effective antidote to cruelty, and as the one which did indeed overthrow the old order of things. It was this which animated Pinel; it was this which warmed the heart of the Founder of the Retreat, and which, while it did not at once free the lunatic from all personal restraint—recognizing him as "a man and a brother," treated him as one too. Nor are we unwilling to admit that it was a yet higher and further development of this idea, which introduced the entire abolition of restraint. But the two must be combined—the one presupposes the presence of the other, the perfect system, the perfect *morale*. Assuming then, as absolutely necessary to the carrying out of the Non-Restraint System, the efficiency and high moral tone of the superintendence, we must say one word more in reference to the attendance. The attendant must be trained to his duties; and learn to control himself in the frequently irritating positions in which he will be placed; his own moral character ought to be irreproachable, and his natural disposition humane. These

are far more important than physical qualifications, though these are by no means to be overlooked in the choice of attendants. *Cæteris paribus*—a powerful attendant is always to be preferred. It is evident that much conflict between an attendant and patient will be saved when the latter is conscious of the entire hopelessness of the result of any trial of strength.

Under the head of attendants we ought to refer to the plans adopted by the advocates of non-restraint when the patient is the subject of a maniacal paroxysm. It is the custom in some of the asylums referred to, to have a sufficient number of attendants in readiness, and for the one in immediate charge of the patient to blow a whistle with which he is provided; by which means he is immediately joined by several other attendants, and the patient is surrounded by them. Under these circumstances he usually offers no resistance, and allows himself to be led quietly to the seclusion room; or if he resist, he is carried away without risk of injury to himself or others. It is hardly necessary to add that no attendant is permitted to strike a patient, or address him in violent language, or in a loud tone of voice.

The *proportion* of attendants to patients is of course a subject of great importance—and it is clear that this proportion must be materially increased in those asylums in which the strait waistcoat, &c. are abolished. In the old York Asylum the proportion at its foundation was one to eight (in 1777); but at the time of its exposure was found to be one to twenty-eight! In the York Retreat the proportion is one to six. At the Lincoln Asylum one to eleven.*

* The utility of a large number of attendants will be admitted when it is considered, how important it is to bring as large an amount of *sane influence* as possible to bear upon the insane. This is not sufficiently borne in mind.

Next in order to superintendence and attendance we may refer to classification as absolutely requisite, in our judgment, in asylums conducted on the new principle. The greatest difficulties were encountered in this respect at the Lincoln Asylum by Dr. Charlesworth and Mr. Hill. It was found impossible to effect any radical change while the convalescent and the violent were huddled together in the same ward. Writing in 1821, Dr. Charlesworth complains, "that the epileptic, the melancholic, the idiotic, the incurable, and the convalescent all associate together;" and he adds, "that such an arrangement is not calculated to restore disordered minds, must strike the most common observer." It is remarkable, however, that a proper classification does not exist in this asylum at the present time, and has infinitely obstructed the success of the system.

The third rule then to be laid down as properly preceding all matters of detail is, a thorough classification of the patients, founded not on payments only, but on mental condition. The noisy, dirty, and violent patients must be separated from the melancholic and the convalescent. Imagine, allowing personal freedom to a man who is vociferous and destructive while he is in the same room with a sensitive melancholic, or intelligent convalescent! Nothing need be said, one would have thought, to show that here the abolition of restraint would be a curse instead of a blessing; and would completely interfere with the good order of the asylum and the recovery of the patients.

We shall now consider the more particular "contrivances" in use, intended to replace the employment of mechanical restraint.

I.—Seclusion Rooms, especially padded ones.

It will be obvious, notwithstanding the opinion of the conductors of the Lincoln Asylum, that it is of great importance to have a room in which the patient is alike unable to hurt others or injure himself. To prevent the latter, several contrivances have been resorted to in order to render the walls soft and resisting; among others, a compound of cork and india-rubber, but as this article is apt to become very hard, perhaps on the whole some completely elastic material, as cocoa-nut fibre or tow enclosed in strong ticken, is preferable.

In the Nottingham asylum, where they were first used, the pads consist of a light wooden frame, six or seven feet long, and two or three broad, covered by strong canvas nailed to the edges. The space between the frame and canvas is filled with some soft material tightly stuffed in, until the pads are about five or six inches thick towards their middle. Thus prepared the pads are placed upright along the walls, and confined by a wooden bar running across their ends and attached to the walls. Similar pads are placed upon the floor, and the close stool is also guarded by pads. The material used for stuffing is commonly cotton waste, and the cost of a room thus prepared is about £5 to £10.* At the York Retreat coarse tow enclosed in ticken is the material employed.

At the Northampton Asylum dried sea weed was formerly used to stuff the pads, as well as common mattresses. Its first cost is less, and it is said to be equally serviceable. In some cases the canvas is painted, for the sake of facilitating the cleaning. The frames can at any time be removed when soiled, or if the room is required for other purposes.

* *Vide* Dr. Ray's "Visit to English Asylums."

We have again and again witnessed the effect of removing a violent patient to a padded room, and have watched through the inspection plate the expression of the patient, and his actions when left to himself, and, as he conceived, unwatched; and we can truly say that in many instances the patient, who a minute before was in a most frantic condition,—kicking, striking, and swearing,—was instantly subdued; and in the great majority of cases the same event happened after no very long interval. The entire silence of the room, the absence of excitement, the impossibility of hurting anything or anybody, appear to convince the patient of the utter uselessness of yielding to his impulses.

Although we have spoken of these rooms being padded, this is not a necessary, though an advantageous arrangement, except in suicidal cases: and in an asylum where the writer lived several years the use of the padded room was the exception—it being more usual to employ a room boarded up to the level of the patient's height. And at the Lincoln Asylum, even the seclusion room was not, and we believe is not now made use of. At the Retreat two years elapsed without using the padded room, but its occasional employment is found necessary. The extent to which darkness may with propriety be employed is an open question: there can be little doubt however we think that occasionally it is useful and necessary. We should employ it with a sanitive view, and not with any idea of frightening or punishing the patient, precisely as we should exclude the light in an ordinary case of phrenitis. With regard to the time the patient should be kept in seclusion, this must depend in some measure on his condition; we have already said that some are tranquillized almost immediately, and the majority before a very long period has elapsed. Certain we are that a very

lengthened seclusion is a bad thing, and involves many of the evils of personal restraint. There are few cases in which it will be necessary to detain the patient in seclusion longer than a few hours. Means must be provided in these rooms for the patient's attending to the calls of nature. Perhaps the most convenient plan is to have a moveable vessel, introduced beneath a seat and pan fixed for the purpose, in one corner of the room—the vessel removed, either through an opening into the gallery, (as is usual in Continental asylums), or through a small spring-lock door under the seat. Scrupulous attention should be paid to the cleanliness of the pan, and the withdrawal of the vessel when it has been used. The pan should be funnel-shaped, and of so small an aperture below, that the patient cannot reach the vessel beneath.

In these rooms, of course the seat on which the patient sits ought to be fixed to the floor: the window out of his reach, and provided with a strong, sliding shutter.

On the subject of seclusion and padded rooms, the following particulars kindly communicated to the writer by Dr. Thurnam, will be read with interest :—“ We have no rooms (at the Wilts County Asylum) specially set apart for seclusion, exclusive of the padded rooms. When seclusion is necessary it takes place in one of the ordinary bed rooms in which the window is protected with a strongly-secured oak shutter, the bedstead being securely fixed to the floor, or, for the time, removed from the room, should this be preferable. The shutters are perforated with holes of sufficient size and number to admit the desirable amount of light. The bottom of the window is six feet from the ground. The frames are of cast-iron. Other details as regards the arrangement of these windows will be found in the description of the building in the First Report, page 29. Inspection plates are provided in the doors of a certain proportion of the

rooms in those departments of the asylum where seclusion is likely to be required. They have, however, I think, only a limited utility. The same rooms are provided with the strong shutters and strong crib bedsteads (with locked drawers) for the most part secured to the floor, as already referred to. There are other suitable *secure* conveniences in a certain number of these rooms.

“*Padded Rooms.* There are four of these rooms (two for each sex) fitted up with paddings to the height of about seven and a half feet. These pads are of horse hair, enclosed first in canvas, and then in tick or sail cloth; the latter I think preferable. The pads are on moveable frames, and two sets are made to serve for the four rooms by a contrivance of bolts and screws. The floors are covered with *kamtuchlicon*, over which in extreme cases may be laid similar pads to those on the walls. The other internal arrangements of these padded rooms are the same as those already described, except that the bedsteads are never fixed. When not in use, like the other rooms used for seclusion, these padded rooms are occupied by some quiet inoffensive patients. I have now nearly 260 patients (we could accommodate about 300) and during the two and a half years this asylum has been opened, there have not been more than three or four cases for which seclusion in a *padded room* has been requisite, and in these for a very limited time, from an hour to one or two days. As to seclusion in ordinary rooms, this is practised, but to a comparatively trifling extent, and hardly ever found necessary among the male patients. Among the females it would appear more difficult to dispense with it; but even with them the proportion is trifling, and the register does not show more than one or two cases at a time—generally of periods from half an hour to two or three hours; in rare cases, seclusion has to be continued

during the greater part of a day or till the severity of the paroxysm is abated.”

II.—Dress of Violent Patients, Locks, &c.

There is very little difference now in the practice of asylums in regard to the dress of this class. Some strong article, such as ticken or strong woollen cloth is worn, which the patient is unable to tear; a belt of the same material or of leather passes round the waist, and retains the dress in its place; it is mostly fastened by a lock behind. A small lock is also employed to fasten the dress round the neck behind; and if necessary the wristbands may be secured in a like manner—the dresses of the men and women varying of course according to the sex. For the women, strong jean, either plain or printed forms an admirable material, the patients’ shoes or boots should also be locked on: and in certain cases it is advantageous to employ a warm material, as list, or ticken lined with flannel; the soles should be thin to prevent the patients injuring others by kicking. There are cases in which the patient paces his bed room during the night and refuses to keep in bed. It appears to be decidedly best, in very many instances, and Dr. Conolly has found it to be so, to allow him to have his own wish and it is well to lock on a warm pair of shoes—of the description just spoken of.*

Dr. Thurnam tells me that at the Wilts County Asylum the strong dresses are very similar to those now used in most other asylums; they are made of tick, sail cloth, &c.; preference is given to a tick of a neat broad blue stripe,

* To Dr. Conolly personally, and to his excellent work on asylums, the writer must here acknowledge his great obligations. Some apology indeed is required for having so freely availed himself of the materials contained in that publication.

The strong dress is confined round the waist with a leather strap, secured by the usual small lock. Generally there is of course a certain amount of destruction of these dresses ; but Dr. Thurnam has found that "*generally speaking, as it is no easy task, the propensity is soon worn out.*"

It has been asserted by the opponents of the Non-Restraint System, that there are violent patients who would tear to pieces any clothes, however coarsely and strongly they may be made. Dr. Ray of America has asserted this, but he appears to have arrived at the conclusion that the insane in his country are much more violent and powerful than those in England, and that therefore what may be possible in one country may be attended by great risk in the other. We shall not attempt to determine this question of the relative violence of the insane in the two countries, but certain it is that such cases, if they exist at all are most rare. Otherwise, surely they would have occurred in the experience of Dr. Hutchinson of Glasgow, and Dr. Conolly of Hanwell ; but both these gentlemen deny having had such extreme cases under their care.

III.—Perhaps the most obvious substitute for Mechanical Restraint, and in fact the one primarily adopted at Lincoln, is forcibly holding the patient by the hands of the attendants. It has been urged, as elsewhere stated, that this is only another form of mechanical restraint, and that experience alone can decide which is the best. And, as we have had occasion to remark, had this become the only or general substitute, we do not think that much would have been gained, or that the system would have made much progress in this country. The use of seclusion rooms, however, and very strong dresses, &c., has rendered this alternative no longer necessary, and the argument founded on it, can only be urged in a

very limited degree, with the resources now at our command. There are cases in which it would be unsafe to allow the patient the use of his hands, even in a padded room. The patient may be intent upon injuring himself, and may succeed by means of his hands. Here the advocates of Non-Restraint are sometimes compelled to resort to the superior manual power of the attendants, or to the use of a glove in which there are no divisions for the fingers. It is a curious and interesting fact, that suicides occur less frequently without restraint than with it. Other statistics confirm the following table, drawn up by Mr. Hill:—

Period included.	No. of Patients treated.	No. of Suicides.	Proportion of Suicides.	Rate of Coercion.
10½ Years	334	2	1 in 167	Maximum.
4¾ Years	242	5	1 in 48½	Medium.
3½ Years	246	0	0 in 246	Minimum.

Then there are surgical cases in which the patient must be prevented interfering with his wounds, blisters, poultices, &c., although in the case of blisters they may be protected by a case; or the blistering fluid may be employed. Cold applications may be similarly protected.* Again every superintendent of asylums has met with examples of the “dirt-eating propensity” and these painful cases are generally adduced as at least necessarily involving personal restraint. Here however we think that we are warranted by experience in stating that there is no such supposed necessity. The patient should in the first place have an abundant

* The result of Dr. Conolly’s experience is highly interesting:—“The house surgeons have from time to time had to manage some difficult and delicate surgical cases, and have contrived to conduct them to a successful termination without fastening the patient in any way. In one or two instances it has been necessarily departed from, but only on the same principle which would be acted upon in certain cases among sane, but highly irritable and restless patients.”

supply of victuals within reach, an expedient which will often alone suffice to remove the tendency ; but in the event of this failing, recourse should be had to a dress, consisting of trousers and waistcoat, securely fastened to the patient by means of locks. With a careful attention to these circumstances we believe it would never be found absolutely necessary to employ mechanical restraint. "Forcibly holding the patient," Dr. Thurnam writes me, "forms no part of my system. The hands of attendants are of course employed in conveying a patient during a paroxysm—it may be from the day room to the airing court, or from the day room or corridor to a room for the purpose of seclusion. What has been called "manual detention," would not be allowed unless as a merely temporary expedient. In a case of the 'dirt-eating propensity,' now under my care, I have found much advantage from placing bread within his reach, and as the propensity extends to gnawing wood, this has been almost entirely prevented by washing the side of his bedstead with a mixture of quassia and lime water."

It may be well to mention here that the entire removal of restraint has made it essential to provide for the patient's safety during the night. Of those cases we have already spoken in which the patient refuses to remain in bed ; we may here add that much is to be done by persuasive means, and by having the room well ventilated, but warmed by hot water pipes or other similar means, so as to prevent the injurious effects of exposure ; narcotics, mustard pediluvia at bed time, bathing the head with cold water, &c., may also be most important auxiliaries. It is very reasonable to suppose *à priori*, and experience abundantly confirms the supposition, that in the majority of cases, strapping the patient down to his bed is calculated to irritate, and render him sleepless.

I have to thank Dr. Thurnam here, as elsewhere, for his kindness in supplying me with a report of his practice at the Wilts asylum, he writes :—"The objections of the Continental physicians on this head (treatment of violent patients at night) are certainly not well founded. *The most violent may be allowed to sleep in secure rooms, such as have been described for seclusion* ; the clothing if requisite being secured on the person by button locks. This is also sometimes done with *ankle boots* made of ticken, though as the sleeping rooms are warmed during the cold season with hot air, this is not often absolutely essential. If there is a tendency to destroy the bedding, precautions are taken by quilting the blankets with some strong material, or enclosing them in a case of the same. The beds for the "dirty patients" are of straw enclosed in covers of coarse brown linen ; the straw is changed daily. As regards the suicidal, vigilance is the only method, and for the night, they are best allowed to sleep in a dormitory among patients of a more orderly class. In an extreme case, an attendant would be placed in an adjoining bed, or even caused to sit up with and watch the patient, though this is not often desirable."

In epileptic cases, the absence of restraint may be provided for by having the bed made upon the floor, or by side-boards to the ordinary bed. The danger of suffocation from pillows has been very much overrated ; the precaution of the "desk-shaped pillow" is however advisable. If the ordinary bed clothes are torn up by the violent patient, the best contrivance consists in having the blankets enclosed in a strong ticken case, the other coverings being made of some very stout material, which the patient is unable to tear. If he is suicidal, frequent inspection must be made ; and this may be secured by the practice adopted in some asylums of having a night watch. And we would take this oppor-

tunity of observing that, this is in truth one of the not least important indirect "contrivances" for avoiding personal restraint.

IV.—Construction of Asylums, &c.

It is not our intention to enter here into a full consideration of the very important question of the construction of lunatic asylums ; but it is manifest that in order to carry out the Non-Restraint System, certain principles must be carried out in the architectural arrangements. This necessity is well illustrated by the remarks of the superintendent of the Montrose asylum (Dr. Poole), made in his Report of 1840—Dr. P. is an advocate for the abolition of all restraints in the treatment of the insane, in those institutions which are provided with the "essential requisites." "But in the absence of some of these," says he, "and at variance with my own creed, I must tolerate the occasional imposition of handcuffs, to prevent greater evils than they inflict." These observations refer more especially to a sufficient supply of attendants, but they apply with great force also to suitable receptacles for the insane. Much of the difficulty encountered at the Lincoln asylum had its rise in the insufficient construction of the building. We may lay down the proposition then, that any building which does not admit of a judicious classification of the inmates is radically deficient in those "requisites" to the carrying out of the Non-Restraint System of which we have spoken; if the windows of convalescent patients are so situated as to overlook the airing courts of violent or indecently behaved patients, an excuse is readily forthcoming for the imposition of restraint on the latter, in cases where otherwise neither it nor yet seclusion would be required.

Again, the number of stories in an asylum may materially

affect the case with which any given plan of treatment is carried out. "It is absolutely necessary," remarks Dr. Browne, "that a large portion of the asylum should be built of one story only. In this are to be placed all those who might be injured or who might injure themselves, if lodged in a house constructed in the ordinary way. The paralytic will not then be endangered in ascending or descending stairs, the furious will have fewer opportunities of wreaking their reckless violence or vengeance, and the suicidal will be debarred from one of the most easily accessible means (if not mechanically restrained) of gratifying their ruling propensity."

With regard to the classification which the architect ought to have in view, (allowing considerable latitude for the class of patients contemplated) the following classification has been recommended as the most convenient:—1. Those who according to their states of mind, their capability of self-control, and the degree in which they are likely to annoy or be agreeable to one another are disposed to incoherent laughing and singing, and generally all those who are capable of very little rational enjoyment. 2. Those who are capable of considerable rational enjoyment. 3. The convalescent and the well-behaved patients. A separate division may be required for the aged and infirm. The first class of course is intended to include the idiotic and demented as well as those who are most subject to violent action; and for these additional means of separation should exist in a gallery and set of apartments in which the most offensive patients could at any time be separated from the others of the class to which they belong.*

The particular form of the asylum must be subject to the locality, and the number of patients. In many respects

* *Vide* Introduction to Jacobi, by Tuke, p. 26.

the H form (or modifications of it) possesses great advantages—and has been found to work exceedingly well at Wakefield and elsewhere. But whatever form is decided upon, the central part ought to be devoted to the officers and the tranquil patients; the ground floor to the feeble, paralysed, and epileptic, while as already stated the refractory ought to occupy the extreme wings. As a general rule the bed rooms ought to be on only one side of the corridor.

Reference may here likewise be made to the windows of an asylum. The introduction of the non-restraint system clearly renders it necessary to be doubly vigilant, both as to the means of escape, and the opportunities for the commission of suicide. On the other hand, it is most desirable that we should avoid a prison-like aspect in the construction of our windows.

The frame, which on the whole appears most preferable, is that of a cast-iron sash, glazed either in its upper or lower half, with a wooden, glazed, moveable half-sash, allowing, when needful, of the free entrance of air. Dr. Ray proposes having a window made like those of ordinary houses, with the sash, or at least the upper half, of iron, and four or five inches in front of the lower half, on the outside, an iron guard of an ornamental character, such as is frequently seen attached to other houses. Where mischievous patients are bent upon breaking the glass, this forms an ingenious safeguard used on the inside; the space being occupied by flowering plants. Care, however, must be always taken not to afford, by any of these contrivances, the means of self-destruction.

As regards the provision against the escape of the patient, its necessity is undoubtedly increased under the new system, and yet the fact is, that our asylums are surrounded to a less extent than they used to be, by high

walls and heavy iron gates; the result, no doubt, of the altered view in which the lunatic is regarded. *Cæteris paribus*, however, it is certain that, in proportion as we extend the personal liberty of the lunatic, we must render secure the environs of the asylum. Sometimes we have been inclined to doubt, when the rural character of an asylum has been pointed out to us, with the slight protections thrown around it, whether had we been able thoroughly to ascertain the condition of the patients, we should not have found a proportionate amount of personal restraint imposed, or at least in-door restriction, in order to prevent the frequency of escapes.

It must not be forgotten that one of the first objects in view, in placing a patient in an asylum, is *security*, by which is implied that he shall be secure from individual harm, and that the community shall be secure from receiving injury from him.

It may, therefore, be said that only so much of rusticity and absence of a prison-like arrangement should be aimed at as is consistent with such security. A wall of sufficient height to prevent the patient climbing over it, is required to enclose the grounds: it is very desirable that it should not be bare, but covered with ivy or other foliage, so as to add a pleasing aspect to the primary object of security. Still more important are the airing court walls, as regards appearance; they should be covered with trellis work, for rose trees or any trailing plants. It is also of importance to have the centre of the airing court raised, so as to allow of the patients seeing over the wall, (when not undesirable), but without the elevation being so near as to admit of his scaling the wall. Much more might be added to these matters of detail, but it would be beyond the object of the present paper to enter more fully into the arrangements of

the airing courts and grounds, circumstances which are only indirectly connected with "the contrivances" adopted as substitutes for mechanical restraint. We cannot forbear introducing here the admirable general observations made on this subject in the "*American Journal of Insanity*," by Dr. Ray:—"It is a great mistake to suppose that such things (embellishments, &c.) are designed to please the taste of the sane members only of the establishment, and are not among the legitimate means and appliances for improving and restoring the insane. Insanity is so grievous a misfortune, asylums are so apt to be regarded in their least pleasing relations, as places of confinement and restraint, and the pang is so sharp of parting with friends at the time they seem to need our attention most, and entrusting them to strangers, that no means should be neglected to deprive our asylums of their prison-like features, and assimilate them to ordinary abodes of domestic ease and refinement. Let the unhappy sufferer see that, though in the midst of strangers, who may be associated in his diseased imagination with the enemies of his peace, he is surrounded by the beautiful forms of nature, in which his spirit may possibly rejoice and sympathize. And let his friends too, when they think of his abode, be able to dwell upon an image whose features are all pleasing and cheerful. Every one who has had charge of an asylum, knows how important it is that the first impression it makes should be agreeable, for in a large proportion of cases, we may be sure it will be of that character or the opposite. Approaching it as they do, with their minds full of apprehension and distrust, ready to torture the slightest unpleasing circumstance into an augury of evil, it is doubly necessary that nothing in the outside arrangements should meet their sight, calculated to cherish their delusions, but much on the

contrary, to strike their fancy agreeably and awaken a healthier class of emotions."

We must now speak briefly of that department of the treatment of the insane which is strictly medical; for though this at first sight may appear far removed from the immediate purpose of our Essay, it is not difficult to perceive that it might afford very powerful means of subduing the excitement of the lunatic, and, consequently, render less necessary his coercion: hence the entire omission of this subject would be unwarrantable.

It would have seemed reasonable to expect in a case of acute mania, that free depletion by venesection would have acted beneficially in terminating the paroxysm, but experience supports no such view; on the contrary, it has proved bleeding to be not only an unsuccessful but dangerous remedy. Sir A. Morison states, in regard to the Surrey County Asylum, that general blood-letting has not been employed; but in 1820 he thus writes:—"Bleeding is principally indicated in mental diseases when increased action or congestion is accompanied by plethora, or suppressed discharges; by decided inflammatory affections of the contents of the head, thorax, or abdomen, &c. . . . The necessity for venesection is not limited to mania, it is frequently required in monomania. We must be cautious not to carry it too far; and be aware that mental causes may be keeping up the disease of the mind, and with it, by sympathy, nervous irritation, and increased action of the blood-vessels; and, that although excessive bleeding may diminish the latter, it does not reach the mental cause,—so far from it, indeed, that tranquil patients are sometimes rendered furious by injudicious bleeding." Dr. Conolly, in speaking of this subject, says:—"I will merely add that I am convinced that general blood-letting is rarely admissible, and generally dangerous in insanity."

Dr. Thurnam, however, states that there are cases of violent mania, accompanied with hot skin, hard pulse, &c., in which he should not hesitate to bleed.

Local bleeding may be advantageously combined with other means for restraining violence (leeches to the temple, cupping, &c.) On the propriety of this practice modern practitioners appear to be generally agreed. Blisters behind the ears are also frequently of use. A much more powerful effect may be produced upon the brain by cold affusion, especially the douche; indeed, so powerful a remedy is it, that there is danger in applying it heedlessly, and without noting carefully the effect it produces upon the system. With such cautions, however, we ought not to omit the enumeration of the douche, or its milder form, the shower bath, as a very important instrument in the hands of the superintendent, who has abolished mechanical restraint. By its use we may see a patient who has arrived at the pitch of maniacal phrenzy, reduced in a few minutes to a calm and docile condition. This is a fact which cannot be denied, whatever view we adopt as to the advantage gained in regard to the moral effect produced on the patient. The local application of cold water, or pounded ice, in a bladder, may very generally be used with advantage, and without risk. Sir A. Morison, so far back as 1820, recommended the application of cold to the head, with a view to diminish vascular action in the brain. . . . "To prolong the cooling process," he adds, "I have got a large hollow piece of sponge, for the purpose of imbibing the solution, and formed to fit the head like a night cap." To the douche and shower bath may be added the warm bath, prolonged for several hours; and cold immersion.

How far, the systematic application of hydropathy would be attended by success, is a question we are not able to decide; but it is not improbable that the use of water might

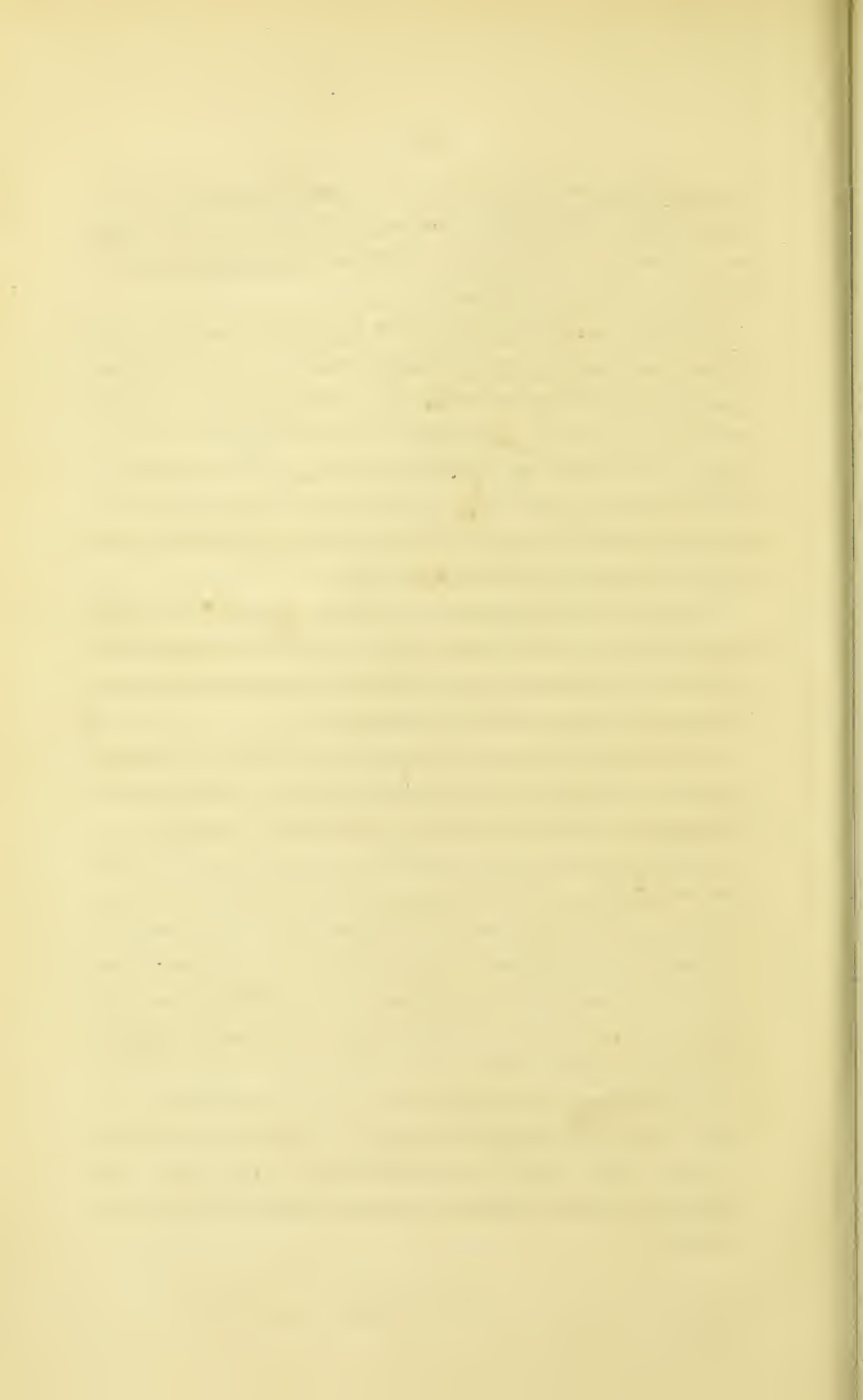
be carried to a much greater extent, than it is at the present time. The condition of the skin among the insane, indicating as it does in general, the indifferent performance of its functions, strongly favours this idea.

Digitalis, antimony, and other depressing remedies have on the whole failed to secure a high standing in the pharmacopœia of psychological medicine. Purgatives and emetics, especially the former, are found to be serviceable in cases of mania. Nor must we omit the mention of the employment of morphia—in those cases of maniacal excitement which are not attended by heat of head, injected conjunctivæ, and other symptoms of cerebral congestion.

Lastly, in the treatment of “dirty patients” the daily administration of an enema will be found of remarkable service—an example of the importance of good management in preventing the *occasion* for restraint.

Here then we conclude this brief and we are well aware, imperfect sketch of the direct and indirect “contrivances” adopted to supply the removal of mechanical restraint.

But concise it purposely has been, in order that the main features might not be lost sight of, in the multitude of particulars; and indeed it must be confessed, that when we have obtained all that is to be desired in the superintendence, attendance, and the construction of the building, the particular contrivances are few, simple, and readily applied. They may in conclusion be thus summed up:—The seclusion room, including the padded room; a strong dress, as of ticken, secured by locks; the manual strength of attendants, in rare cases; cases for blankets, &c., and lastly, cold affusions, topical depletion, and medicines of a depressing character.



STATISTICS OF INSANITY,

BY SIR ALEXANDER MORISON, M.D., PHYSICIAN TO THE
SURREY COUNTY LUNATIC ASYLUM,

&c. &c.

*To the President and Members of the Society for Improving
the Condition of the Insane.*

IN the year 1841, (the year before the establishment of your Society), I laid before the Governors of Bethlem Hospital, a statistical account of *five* years' experience in that hospital, which I now deposit with the Society, together with the details of the result of treatment in the public establishments to which I have been physician during the last thirty years, from which it is hoped some useful inferences may be drawn.

The following is an abstract.

I have the honour to be,

Your most obedient Servant,

ALEXANDER MORISON.

The admissions amounted to ...	6779	
Of whom were removed by		6779
friends or others during	454	
treatment		
Remaining in the establishment	1587	
Leaving to be accounted for ...	4738	
		6779
Of whom were discharged	806	
Uncured...	806	
Died	1440	
Recovered.	2492	
Of the 806 uncured, 173 were either paralytic, epileptic, or idiotic.		

The causes of the disorder assigned in 1428 of the cases recovered were as under :—

Hereditary predisposition existed in	386	Anxiety, vexation	43
Intemperance	181	Terror	39
Pregnancy, child-bearing, abortion, lactation, &c.	172	Blows on the head, falls	23
Disappointments, reverses, embarrassments, losses, or privations	116	Epilepsy	23
Religious excitement	76	Paralysis	8
Grief	62	Causes of more rare occurrence	219
Disappointed affection	50	Of the remaining cases for which no cause was assigned, the disorder had previously occurred in 270.	

The causes of death in 1431 cases were as under :—

Paralysis (in general the cause of the disorder intemperance)	284	Pneumonia	7
Exhaustion (chiefly after great cerebral excitement)	196	Asthma	7
Pulmonary consumption	164	Enteritis	6
Epilepsy	135	Gangrene	6
Diarrhoea	126	Wounds, falls	5
Apoplexy	100	Cynanche	5
Decay of nature—old age	52	Pleuritis	5
Convulsions	29	Diseased liver, bilious cholera.	4
Diseased Lungs	29	Diseased bladder, cystitis, ischuriæ	4
Fever	27	Diseased ovaria	4
Hydrothorax	25	Peritonitis	3
Abscesses and ulcers	25	Influenza	3
Cerebral disease	20	Diseased stomach	2
Erysipelas	18	Lumbar abscess	2
Disease of the heart or great vessels	18	Hæmorrhoidal discharge	2
Asiatic cholera	18	Chorea	2
General debility	16	Ruptured liver	1
Dysentery, ulcerated intestines	13	Ruptured spleen	1
Suicide	14	Hernia	1
Tabes, marasmus, atrophy	11	Hemiplegia	1
Cancer	10	Delirium tremens	1
Bronchitis	10	Concussion	1
Asphyxia	9	Spinal disease	1
Dropsy	8	Scrofula	1
		Burn	1

